

REQUEST FOR SUPPORT STAFF DEVELOPMENT GRANT

This request is for
Direct Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/>

Name: _____

Department: _____ Box: _____ Extension: _____ E-mail _____

Home Address: _____

How long have you been employed by Gettysburg College: _____ Years _____ Months

Amount Requested: _____

Be sure to attach an itemized statement or receipt and a description of the workshop/seminar/course, etc.

If this is for direct payment make check payable to: _____

And mail to: _____

Name of workshop/seminar/course/textbook/: _____

- Reason for Funding - check all that apply:
- Registration Fee(s):
 - Textbook(s):
 - Other (please name): _____

Briefly describe how this workshop/seminar/course/textbook/other will promote and foster professional and personal growth and development: _____

Will your department or other campus organization contribute toward the expenses? Yes No

If yes, please list amount, if no, please explain: _____

Supervisor's Approval (if course/seminar taken during regular working hours):

****I understand that if I do not complete the workshop/course/seminar/other, or if my employment at Gettysburg College ends withing six months of receiving the grant, I may be required to to repay the grant monies to the college.**

Applicant's Signature: _____ Date: _____

***** For Support Staff Council Use *****
Training and Development Chairperson's Signature: _____
Amount Approved: _____ Date: _____
Account Name/Number: SS Training and Development/_____
January 2001