

Request for Support Staff Development Grant

This request is for: Direct Payment Reimburse Employee

1. EMPLOYEE INFORMATION			
Name	ID #	Date	
Department	Box	Ext	Email
Home Address			
Employment at Gettysburg College	YEARS	MONTHS	
2. REQUEST INFORMATION			
Amount Requested \$	Comments <i>(optional)</i>		
Attach an itemized statement or receipt, along with a description of the workshop/seminar/course/textbook/etc.			
Please provide the following information for DIRECT PAYMENT.			
Make check payable to:			
Mailing Address:			
Name of workshop/seminar/course/textbook/etc.			
Reason for Funding <small>(check all that apply).</small>			
<input type="checkbox"/> Registration Fee(s) <input type="checkbox"/> Textbook(s) <input type="checkbox"/> Other (please name)			
Briefly describe how this workshop/seminar/course/textbook/etc will promote and foster professional and personal growth and development.			
Will your department or other campus organization contribute toward the expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please list amount: \$			
If NO, please explain:			
Supervisor's Approval <i>(if course/seminar is taken during work hours)</i>			
3. AGREEMENT			
I understand that if I do not complete the workshop/seminar/course/other or if my employment at Gettysburg College ends within six months of receiving the grant, I may be required to repay the grant monies to the College.			
Applicant's Signature		Date	
FOR SUPPORT STAFF COUNCIL USE ONLY			
Signature of Training & Development Representative: _____			
Amount Approved _____		Date of Approval _____	
Account Number of SSC Training & Development Budget _____			