

Application for Professional Development Funds Professionals

Full Name (Print)

Department

Employee # Phone Local

Email

Employment Status

Regular Full-Time

Non-regular Part-time %

Activity Type

Start Date Finish Date

- Credit Course
- Non-Credit Course
- Workshop
- Conference/Seminar
- Computer-Related (Taxable)
- Other

Description of Activity

Name & Address of Institution (if applicable)

Explain how this activity relates to your work

Amount Requested

Please attach any available literature.

Application for **approval is required one month** prior to the activity.

If approved, deadline for submitting documents pertaining to **reimbursement for activity is one month** upon completion.

Details of policy are in HR-16 (Dawson College, Manual of Policies & Procedures)

I, the undersigned, understand that if I fail to submit the pertaining documents on time, reimbursement will not be possible.

Signed By _____

Date (YYYY-MM-DD)

FOR OFFICE USE

Amount approved

Signature of College Rep

Date

Signature of College Rep

Date

Date approved

Budget Year

Budget Code

To be Paid on YYYY-MM-DD