

# Minnesota West Community & Technical College

## Classified Staff Development APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Application is for:**

- Workshop
- Conference
- Credit Class
- Other

**Do you consider this activity:**

- Job Required
- Job Related
- Career Development

Objective of Activity: \_\_\_\_\_

|                  |                  |          |
|------------------|------------------|----------|
| Funds Requested: | Registration Fee | \$ _____ |
|                  | Tuition          | \$ _____ |
|                  | Other            | \$ _____ |
|                  | Total Requested  | \$ _____ |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete the preceding information and forward to your supervisor. Your supervisor will determine if the activity is Job Required, Job Related, or Career Development. Upon signature from your Supervisor, this application should be submitted to your local staff development committee.

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**TO BE COMPLETED BY SUPERVISOR:**

- Job Required; 100% reimbursed/full release time, paid from budget. **Does not need to be sent in for Staff Development fund approval.**
- Job related; reimbursement and \_\_\_\_ hours approved for release/compensation time.
- Career Development/personal growth; 75% tuition/registration fee only.

**I have reviewed this request and have determined that the activity is appropriate for the employee to attend:**

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Staff Development Committee Review/Final Approval**

**Committee Action:**

- Approval - Amount \$ \_\_\_\_\_
- Rejected - Reason: \_\_\_\_\_

Committee Approval \_\_\_\_\_

Date \_\_\_\_\_