

Minnesota West Community & Technical College

Staff Development Unclassified MAPE, MMA, Excluded Administrators

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, send this application to Karen Miller, Canby Campus. You will be notified of approval by e-mail.

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

Chief Human Resource Officer's Signature **Date**