## CSLCO Staff Development Request Form

The ASUCD Bylaws (Section 604 Authority \& Responsibility) requires the completion and approval of this form for all staff/volunteer development and recognition events.
$\square$ Find this form in the Student Services Office (MU Room 347) or on the ASUCD Student Services Office webpage.Fill the form out completely and collect approval signa tures from:


Your unit direc tor AND
The ASUCD Business Mana ger OR the ASUCD Controller
$\square$ Submit form to Purchasing/Accounts Pa yable Manager of the Student Servic es Office
"In order to use staff development or volunteer development funds, the Unit Director must complete and submit a form detailing what the funding will go towards. The ASUCD Controller or the ASUCD Business Manager must approve the request before any funds shall be made available."

Name(s) $\qquad$ Unit/Commission $\qquad$
Type of Event (check one):
$\square$ Staff Development/Training $\square$ Conference/Meeting $\square$ Employee Appreciation/Incentives

Name, Location, and Date(s) of program/course/training:

Total
Number of
Days:

Have you attended the same or similarevents in the past?


What are the expected leaming outcomes from attending this event? (Please list 3-4)

How do you plan to bring back and share what you've lea med?

Total Estimated Cost: Please provide cost breakdown for lodging, food, registration, etc.

| Items | Estimated Cost |
| :--- | :--- |
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Will on-c a mpus room rental be required?


Estimated Number of Partic ipants?

Note: Subsequent reimbursement request must include a roster with full names of partic ipants in the event.

Employee Signature \& Date:

Unit Director/Manager Signature \& Date:
ASUCD C ontroller/Business Mana ger Signature \& Date:

