

Leadership Development Reimbursement Request From

Request Details

Employee Name

Employee ID Number

Program Name

Total Program Cost

Requestor's Contribution Amount

Funding Source

Professional Development Fund	Fund #	<input type="text"/>	Amount	<input type="text"/>
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School/Area Operating Funds	Fund #	<input type="text"/>	Amount	<input type="text"/>
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Personal Funds	Amount	<input type="text"/>
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Requested Reimbursement Amount (matching up to \$5,000)

Justification

In the field below, please detail the specific benefits of this resource/program on the college and the requestor's school/functional area.

Reviewed and Approved by

Approved Reimbursement Amount

To be populated by Asst Dean of Finance & Admin

HR Director Signature

Date

Asst Dean of Finance & Admin Signature

Date

Dean

Date

Completed forms must be submitted along with a letter of endorsement from the school director/area leader and documentation (website link, brochure, etc.) detailing the selected program/resource

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