



CLASSIFIED SENATE

Bea Griffiths Professional Development Project Proposal Application
(Maximum Amount - \$200.00 per person per fiscal year)

TITLE OF ACTIVITY: _____

Name of Applicant: _____ Department/Area: _____

Office Phone: _____ Home/Cell Phone: _____

Date(s) of Activity: _____ Location: _____

1. Brief Description (attach brochure/flyer): _____

2. How will this activity enhance your skills, abilities or professional expertise?

3. How will others benefit from your participation in this activity?

4. Anticipated Expenses:

Table with 2 columns: Expense Category, Amount. Rows include Travel Costs, Lodging/Meals, Registration/Fees, Deduct Other Funds (circle source), Department / Personal, and Total Requested (up to \$200).

Submit, as needed, any supporting documentation, copies of an application, or district travel request.

5. I support this project proposal _____
Immediate Supervisor's Signature (if during work hours)

6. Applicant's Commitment: I agree to complete and give a brief presentation of this activity to the Classified Senate.

Applicant's Signature: _____ Date: _____

Return to completed application to the Classified Senate Mailbox in Bailey Hall.
Allow two weeks for processing.

For Committee Use

Approved Date: _____ Date Notified: _____
Denied/Reason: _____ Date Notified: _____
Date of Presentation to Classified Senate: _____