West Liberty University

STAFF DEVELOPMENT
APPLICATION FOR WORKSHOP/SEMinar

Name ___________________________ Email ___________________________
Job Title ___________________________ Office No. _____________
Home Address ___________________________ Home No. _____________

A maximum of $1000 per year will be awarded.

REGISTRATION FEE $ ______________
TRAVEL $ ______________
LODGING $ ______________
FOOD $ ______________
OTHER $ ______________
TOTAL $ ______________

Workshop/Seminar Title ___________________________
Location ___________________________ Date(s) ___________________________

Please explain how this workshop/seminar relates to your duties at West Liberty University and how you will benefit:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please submit this form (with all items completed) to:
STAFF DEVELOPMENT COMMITTEE
ATTENTION: Rosey Miller, CSC #109

Employee Signature ___________________________ Date _____________

Supervisor’s Signature ___________________________ Date _____________

FOR COMMITTEE USE ONLY

Date Received ___________________________
Org _____________ Fund _____________ Obj _____________ Approval Amount __________________

Staff Development Signature ___________________________