

CLASSIFIED STAFF COUNCIL

STAFF TUITION/PERSONAL REQUEST FOR FUNDING

DIRECTIONS: [Print or type]

- 1. \$300.00 MAXIMUM per semester for an individual employee
- 2. Complete the Request Form [Sections 1 OR 2 plus 3]
- 3. Obtain REQUIRED signatures
- 4. Submit the ORIGINAL request to the Chair of Classified Staff Council
- 5. Attach other related materials. [i.e. brochure, copy travel form, waiver, etc.]
- 6. INCOMPLETE FORMS WILL BE RETURNED TO SENDER [May delay funding]

NAME:	DATE:							
SSN:	TOTAL AMOUNT REQUESTED							
CHECK ONE:	☐ CONFERENCE/SEMINAR ☐ COLLEGE TUITION/EXPENSES [Complete SECTION 1 & 3] [Complete SECTION 2 & 3]							
SECTION 1	CONFERENCE/SEMINAR Information							
Conference Name:								
Date(s):								
Location:								
BUDGET:	Travel: Lodging:							
	Meals: Registration Fee:							
	Other:							

SECTION 2 TUITION

If you plan to attend a West Virginia State Supported College or University for masters/doctorate level courses, you must apply for a Tuition Fee Waiver prior to application for Staff Professional Development funding. A copy of the fee waiver MUST be attached to this request. Graduate tuition paid to employees is taxable and will be reported to the IRS.

ARE YOU ENR	OLLED II	N A DEGREE PRO	OGRAM? □ N	o 🖵 Yes - Major/M	Inor Field(s)				
INSTITUTION I LOCATION:	NAME: _								
COURSE#	<u>SECTIO</u>	<u>N</u> 	<u>TITLE</u>		TIME/DAY	CREDIT HOURS			
								_ _ _	
SECTION 3			MUST BE CON	 ИРLETED]			:		
JUSTIFICATIO	N & SPEC	CIFIC BENEFIT TO	O THE COLLE	GE {How is this fun	ding request related	to your job?]		
		ve you received fu If yes, state amou		year from the CS	C?	□ YES		NO	
				year from your D	epartment?	☐ YES		NO	
NOTE:	1. If this request is approved and I do not attend the Conference/Seminar, I will contact the Classified Staff Council in WRITING, so that the money encumbered for my training may be used for someone else.								
	will rep			quently I withdrawne Classified Stat					
REQUESTED BY:		Print Name		Signature					
SUPERVISOR		 Signature		Date	☐ Approved	☐ Not A	Appro	ved	
CSC CHAIR:		 Signature		Date	☐ Approved	□ Not A	pprov	ed	
PRESIDENT:		 Signature		Date	☐ Approved	□ Not A	pprov	ed	