

Seminole Community College
Staff and Program Development
Request for Funding - Professional Study

Section 1 – Employee Complete sections 1, 2, and 3. Submit all 3 copies of this form to the SPD Office w/required documentation **prior** to the start of the class/workshop. **See back of form for instructions.**

Name _____ Employee ID # _____ Department _____

Have you used SPD funding this Fiscal Year? ___ Yes ___ No Dept # _____
If yes, how much did you receive? \$ _____

Full-Time ___ Part-Time Instructor ___ Part-Time non-instructional ___ Today's Date _____

Section 2 -Employee - Development Activity (Please put *all classes you are requesting reimbursement for this term.*)

<u>Course Number</u>	<u>Section Number</u>	<u>Course title, Conference Workshop title, etc.</u>	<u>Credit Hours</u>	<u>CEU</u>
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Include payment for tuition, lab fees, certification fees, etc. Books, activity fees, parking fees, late fees, test prep courses and testing, and application fees are not included

Copies of fee statement and course schedule are required.

Tuition or Cost \$ _____ Lab \$ _____ Other \$ _____ Total Request \$ _____

What institution are you attending? _____ Beginning and ending dates of course _____

* Notify the SPD Office and Business Office immediately upon dropping, changing, withdrawing from a course, or not attending a conference or workshop so that funds can be reallocated.

Section 3 – Employee - Reason for Study or Training (complete one and forward to Human Resources) Instructions on back.

1. Job Related _____
2. Degree/Certificate _____
3. Other (specify) _____

Section 4- Human Resources SPD

Employee's Full-time date of employment _____ or Employee's Part-time date of employment _____

For part-time employee only: Accumulated hours worked: _____ Instructional (225) Non-Instructional (600)

Yes No Eligibility for request approved _____
Signature of SPD Representative _____ Date _____

Section 5 – Employee Certification (do not sign until course/conference, etc has been completed)

I hereby certify that the above course, conference or workshop has been completed. I have not received and will not receive compensation from any source other than Seminole Community College. This claim is correct and conforms with policies related to professional study. Attached is a copy of my grade and/or certificate **and** proof of payment.

Signature – Employee _____ Date _____

Section 6 – Human Resources SPD - Reimbursement (this is completed by SPD office after course is completed.)

\$ _____
Amount of Reimbursement _____ Signature SPD Administrator _____ Date _____

Section 7 – Business Office

Budget Center # _____	- _____	- _____	- _____	Account Code _____	Total Reimbursement \$ _____
Fund	Program	Dept	Class		

Audited by: _____ Date _____

COPY DISTRIBUTION: White – Business Office Yellow – Requestor Pink – SPD Office Request prof study.doc #2 Rev 8/03