

**NEWBERG SCHOOL DISTRICT 29J
CLASSIFIED STAFF DEVELOPMENT FUND REQUEST**

Employee _____ Location: _____ Position: _____

1. Briefly describe the activity for which you are requesting funds (**attach completed registration form and flier showing date, cost, and place of the workshop/conference/course**):

2. Anticipated costs: \$ _____	Workshop/Conference Fee or Course Tuition
\$ _____	Other costs (be specific) _____
\$ _____	Total Amount Requested
\$ _____	Total Amount Approved

3. How will it help you, your work center, and the district? _____

Employee Signature

Date

Administrator/Supervisor Signature

Date

****Note: If approved, the District Office will process the purchase order for registration fees. For out-of-pocket expenses, employees must submit an Employee Expense Reimbursement Request Form and proof of payment.**

To Be Completed By OSEA:

Request is: ___ Approved as requested

___ Partially approved: \$ _____ approved \$ _____ denied

___ Denied (Explanation) _____

Signature of OSEA Representative

Date

To Be Completed By Human Resource Specialist:

Request is: ___ Approved as requested ___ Approved in the amount of \$ _____

___ Denied (Explanation) _____

Budget Numbers: _____

Signature of Human Resource Specialist

Date

copy to: Employee OSEA District Office

10/2011

