

This application is required for all professional development funding requests. Requests are subject to available funds & the nature of request.

Policy

Coordinator and above allotted \$1000/conference per year; Below Coordinator at \$500/conference per year.
Approval of funds will be determined by the appropriate Vice President and Human Resources.

Application Process

1. A staff member may receive financial assistance for professional development opportunities with defined outcomes that relate directly to the staff member's MVNU position. This assistance is intended to improve the job-related skills of MVNU staff.
2. Submit a completed application (including VP approval) to Human Resources. (Applicants are required to utilize early bird registration opportunities.)
3. After registering for the conference, the staff member will forward a copy of the registration to Human Resources. Conference registration must occur prior to airfare and hotel commitments.
4. Maximum allowed meal expenses are as follows: \$7 – breakfast; \$11 – lunch; \$23 – dinner. Original receipts must be submitted. The business purpose for the meal and the names of the attendees must be noted on the receipt.
5. Following the conference, the staff member will submit documentation for all expenses incurred. If actual expenses exceed the policy limit, or the approved estimate by more than 10%, the overage must be charged to the department/division for payment from their budget. Please include this same form with actual totals when the paperwork that is submitted to Human Resources and Accounting. An additional VP signature will not be necessary for this final step.

Applicant Information

Applicant _____ ID Number _____ Department _____

Training/Seminar/Conference Details

Name of Event: _____

Location of Event: _____ Date(s): _____

Costs (in accordance with MVNU policies)	Estimated	Actual (later)
Registration & Conference Fees	_____	_____
Airfare (provide copy of airline estimate)	_____	_____
Lodging	_____	_____
Meal Expenses	_____	_____
Rental Vehicle Fees	_____	_____
Mileage Cost (personal vehicle at approved rate only)	_____	_____
Ground Transportation (taxi, bus, etc.)	_____	_____
Other (parking/misc)	_____	_____
TOTAL	_____	_____

Signature/Approvals

Employee Signature _____ Date _____

Vice President _____ Date _____

Director of Human Resources Signature _____ Date _____