

**Maxine Goodman Levin College of Urban Affairs
Staff Development Program
Request for College Funds**

Employee _____

Faculty _____

Staff _____

Supervisor _____

Conference (Workshop) _____

Please attach materials regarding the conference, training, or opportunity

Development Opportunity _____

Please attach materials regarding the conference, training, or opportunity

Out of Town Travel Required _____ In Town Travel _____

Anticipated Costs _____ Funds Requested _____

*Please explain how this opportunity fits with and/or will advance your work at the
Maxine Goodman Levin College of Urban Affairs*

Faculty/Staff signature

Supervisor's signature

Submit the completed/endorsed form to the College Budget Office for Dean's Approval.

College Budget Office use only:

Allocated budget _____

Previously expensed _____

Available budget _____

Reviewed by _____ *Date* _____

Approved

Not Approved

Dean's signature and date