

Office of Academic Affairs
 AY 2019 -20 **PROFESSIONAL DEVELOPMENT FUNDS REQUEST**

Return completed form to your Program Coordinator
 Date of last Professional Development Award: ___/___/___

OFFICE USE ONLY	
Previous awards this FY 20	
AMOUNT: \$ _____	APPROVED/REJECTED:
Program Coord. Yes No ___/___/___	
Budget Liaison: Yes No ___/___/___	
Provost: Yes No ___/___/___	

Name: _____ Date: ___/___/___

Cluster/Program: _____ MSC: _____

Description of Professional Development Opportunity: _____

Destination: _____ Date(s) of Activity: _____ to _____

PURPOSE OF ACTIVITY (select all that apply):

- Attend scholarly/ professional conference Faculty research and creative activity
 Present at scholarly/professional conference Other: _____

FUNDING & EXPENSES

	Account	Proposed	Notations
PROPOSED EXPENSES	Conference Registration Fee	\$	
	Mileage/Tolls	\$	
	Airfare	\$	
	Bus/Train/Shuttle/Rental Car	\$	
	Hotel	\$	
	Per Diem	\$	
	Parking	\$	
	Other (Please List)	\$	
	TOTAL EXPENSES	\$	
PROPOSED FUNDING	Annual Contract Amount	\$	Reference contract agreement
	Prior Year Carryforward	\$	
	Program Support	\$	Please initial if you have used all of your available departmental support
	Grants/Outside Funding	\$	
	Provost Funding Request	\$	
	TOTAL FUNDING	\$	
	Expenses minus Funding	\$	Paid by faculty/teaching lecturer

APPLICANT COMMENTARY: Detail activity with significance, program need, and contribution to the candidate's scholarship, teaching, students, and the university (use separate paper as needed).

PROGRAM COORDINATOR COMMENTARY: Describe contributions to candidate's scholarship, teaching, students, and program needs. Recommendation for Approval/Denial (address replacement of applicant if release time is involved):

PROFESSIONAL DEVELOPMENT FUNDING GUIDELINES

- **All requests must be received a minimum of 30 days prior to the date of the event.**
- *Exceptions may be made for unanticipated conferences at the discretion of the Provost.*
- Professional Development must be pre-approved and will not be funded retroactively.
Funds will be budgeted across the academic year. Awards are dependent upon available funds.
- Additional funding awards based on project's contribution to scholarship, teaching, students, cluster, and PSU.
- Applicants must comply with PSU/USNH travel guidelines.
- Recipients required to submit written report within 30 days of the activity to the Office of Academic Affairs.
- **Payments/Reimbursement will not be authorized/issued until the written report is received.**
- Non-compliant expenses will be the responsibility of the faculty/teaching lecturer.
- *Use of professional development funds are subject to University audit.*

Faculty Applicant *Signature required* Date

Program Coordinator *Signature required* Date
Approval of Professional Development Activity

Budget Manager *Signature required* Date
Approval of use of Academic Unit Budget Resources

Grant Principal Investigator or Programmatic Authority Date
Signature required to release program, grant or other funds

Provost Date
Signature required to release additional funds

EXPENSE SUBMISSION

REQUIRED DOCUMENTATION: This form, Expense Report/Reimbursement form with ORIGINAL RECEIPTS, associated grant, budget authorizations and/or Provost funding confirmation, and Professional Development Report.

AOM confirms purpose compliance and submits required documentation Date

Transfer \$ _____ from Provost Account _____ into AU Account _____ Completed ____/____/20____ FSC Initial by _____
