

APPENDIX J
YSU-APAS
STAFF PROFESSIONAL DEVELOPMENT APPLICATION

Name: _____

Department: _____

Date: _____

Staff Professional Development Opportunity: _____

Location: _____

Date(s): _____

Costs of Attendance

Fees: \$ _____

Travel: \$ _____

Meals \$ _____

Lodging: \$ _____

Total Request: \$ _____

Requested By: _____ Date _____
Signature of Bargaining Unit Member

Signature of Immediate Supervisor
 Approve Disapprove

Signature of Account Authority
 Approve Disapprove

Amount Approved: \$ _____