APPENDIX J: STAFF DEVELOPMENT PROCEDURE FORM

Staff Development Procedure for Full-Time APAS Bargaining Unit Members

1. Pursuant to Section 6.3 of the collective bargaining agreement, a bargaining unit member who wishes to attend a conference, seminar, workshop or other professional development opportunity will complete the staff professional development application. (If the staff development opportunity involves travel the bargaining unit member will also complete a travel expense report (TER) prior to traveling.)

2. The application will then be reviewed by the employee's immediate supervisor who either approves or denies the request.

3. If approved by the supervisor, and if he or she is not the signature authority, the application will then be forwarded to the signature authority of the funding source for approval.

4. The cost of the professional development should be charged to the department's FOAPAL, using the following 2 account codes, in order to accurately record the expense:

   701309 APAS Travel - this is professional development/training that requires an APAS union member to travel.

   701946 APAS Professional Development Without Travel - this is for payments to third parties for webinars, seminars, self-study courses and continuing professional education where no travel is involved for members of the APAS union. This includes material costs paid by the department when fee remission is used. See account 701309 for APAS travel.

   According to the agreement, the university agrees to pay an amount not to exceed $500.00 each fiscal year for any full-time employee whose request for staff development is approved in accordance with Section 6.3.

5. These expenses are subject to audit review. Therefore, the original application should be kept on file in the department that incurred the related expense.

Name: _____

Department: _____

Staff Professional Development Opportunity: _____

Location: _____

Dates: _____

Costs of Attendance: _____

Fees: $ _____

Lodging: $ _____

Travel: $ _____

Meals: $ _____

Total Request: $ _____

_____
Signature of Bargaining Unit Member   Date

_____
Signature of Immediate Supervisor   Date

☐ Approve   ☐ Disapprove

_____
Signature of Account Authority   Date

☐ Approve   ☐ Disapprove

Amount Approved: $ _____

FOAPAL Number: _____

YOUNGSTOWN STATE UNIVERSITY