

A&S Staff Professional Development Program Application

Employee Name: _____

UNM ID Number: _____

Department: _____

Job Title: _____

Phone Number: _____

Email Address: _____

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Name of Conference or Training (Please provide link to the opportunity or other material describing the event):

Date of Conference or Training: _____

Type of Conference or Training (online or in-person/location):

Itemized listing of costs associated with request:

1. _____
2. _____
3. _____
4. _____
5. _____

Amount available from other sources (including unit support and index #s):

Amount of Funds requested from A&S: _____



Justification for Request (how this opportunity will improve or benefit your position, department, College, and or University):

Supervisor and/or Chair/Director Comments (Additional considerations or endorsement of the request, if any):

EMPLOYEE CERTIFICATION:

- I acknowledge that I have reviewed and understand the A&S Staff Professional Development Program Guidelines.
- I understand that I and/or my department/unit are responsible for all costs that exceed the awarded amount.
- I certify the professional development information I provided above is complete and accurate.

Employee Name: _____

Signature

Date

Supervisor/Title: _____

Signature

Date

Chair/Director Title: _____

Signature

Date