

School of Social and Family Dynamics Professional Development Request Form

We value employee professional development opportunities both on and off campus. As such, a limited amount of funding is available to support your professional growth. Requests will be reviewed and considered by the budget and financial services team. Please note that due to budget limitations not all requests will be approved. Approval of this request will not result in any additional compensation, whether hourly or salaried.

Requests must be submitted to your supervisor for review at least two weeks prior to the start of the event. If travel is involved with this request, attach a signed travel request form. After supervisor approval, submit to Mario Fernandez for budget review.

Name	Date
Development	Description
Location (City	/State/Country)
Date(s) of eve	ent Estimated Cost
What does th	e cost include? (registration fee, materials, etc.)
Briefly descril	be how this opportunity will enhance your professional development goals:
Briefly descril	oe the impact to your workload and how disruptions will be mitigated:
By submitting	this request, you agree to comply with the rules and regulations of the University.
Cost	Center and Program (if known)
Supe	rvisor Approval
Budg	et Approval
Direc	tor Approval

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