



Webster Staff Alliance

REQUEST FOR WSA PROFESSIONAL DEVELOPMENT FUNDS

Submit this completed form, written proposal, program brochure, and supporting expense documentation (as outlined in the [WSA Professional Development Funds Program Policy](#)) in electronic form to wsa@webster.edu at least 30 days prior to event date.

Name: _____ CARS ID: _____
 Position Title: _____ Hire Year: _____
 Campus Location: _____ Department: _____
 Email: _____ Office Phone: _____
 CONFERENCE TITLE: _____
 CONFERENCE DATE(S): _____
 CONFERENCE LOCATION: _____

COSTS:

Registration Fee	\$	_____
Airfare (Concur)	\$	_____
Accommodations	\$	_____
Meals (estimated)	\$	_____
Other	\$	_____

TOTAL REQUESTED \$ _____ **

****\$2000 award maximum**

Both employee and supervisor verify with their signature that they have read and understand the [WSA Professional Development Funds Program Policy](#) as it pertains to requesting funding for the above named event. Any expense beyond the approved, awarded amount will be paid by the department through which the awardee is employed.

Employee Signature Date: _____

Supervisor Signature Date: _____

Department Head Signature Date: _____