



*Classified Employees Council
Staff Development Application Form*

Name: _____ **WVU ID:** _____

Department: _____

Date of Request: _____

Have you already requested funds through your department? _____

Type of Assistance Requested:

- _____ Non-Credit Class
- _____ Training/Workshop (Off-Campus)
- _____ Books/Videos/etc...

List Total Cost Associated with Training/Class Materials:

Amount	Type	Description
\$	Travel	
\$	Meals	
\$	Hotel	
\$	Workshop Fees	
\$	Other	
\$	Total	

Signatures Required for Approval:

Applicant: _____ Date: _____

Supervisor: _____ Date: _____

CEC Chair: _____ Date: _____

Provost: _____ Date: _____