



**MMA STAFF DEVELOPMENT REQUEST FORM**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Amount of Request: \_\_\_\_\_ Phone # \_\_\_\_\_

Proposed Activity: \_\_\_\_\_  
Description materials must be attached

Date(s) of Activity: \_\_\_\_\_ Length of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_ Number of Overnights: \_\_\_\_\_

Rationale for Request: \_\_\_\_\_

Please itemize your costs:

Registration Fee: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Mileage: \$ \_\_\_\_\_

Using State Car? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ miles X \_\_\_\_\_ cents/miles= \$ \_\_\_\_\_

TOTAL REQUEST: \$ \_\_\_\_\_

Please list any previous staff development funding you have received in the past two years:

How do you plan to share this information with your department? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If event is held during employee's normal working hours, supervisor's signature is required.*

Supervisor's Signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_

**For Committee Use Only**

▶ Committee Recommendation: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

▶ Amount Approved: \$ \_\_\_\_\_ Cost Center: \_\_\_\_\_ Committee Chair: \_\_\_\_\_

Notes: \_\_\_\_\_

**TO APPLICANT: Send approved copy of this form with Purchase Requisition to Business Office.**

