

**UNIVERSITY OF WISCONSIN-COOPERATIVE EXTENSION
DISTRICT PROFESSIONAL DEVELOPMENT APPLICATION FOR FINANCIAL REIMBURSEMENT**

1. Employee: _____ County: _____ Date: _____
2. Type of Program: _____ Credit Course _____ Workshop _____ Tour _____ Summer School _____ Winter School _____ Short Course
_____ Other (Please Describe): _____
3. Number of Credit Hours: _____ Audit Hours: _____ CE Units: _____
4. Title of Program/Course: _____
Location (City/State): _____
5. Institution/Agency offering program: _____
6. Dates and times of program: _____
7. Describe how this opportunity relates to your position or major programming efforts? Describe how this professional development opportunity fits into your professional development plan.

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|--|--|
| 8. Estimated total cost of program:
Travel \$ _____
Tuition or Fees \$ _____
Lodging and Meals \$ _____
Other \$ _____
TOTAL \$ _____ | 9. Reimbursement requested from district:
Travel \$ _____
Tuition or Fees \$ _____
Lodging and Meals \$ _____
Other \$ _____
TOTAL \$ _____ |
|--|--|

10. Non-district funding requested:
- Source: _____ Amount \$ _____
- Source: _____ Amount \$ _____

11. Has CES directed you to take this training? _____yes _____no Requested by: _____

12. If applicable, does the County Agriculture and Extension Education Committee/County Partner support this application? _____yes _____no

Signature of Employee		Date	
Signature of Department Head		Date	
Signature of District Director		Date	

THIS REQUEST HAS BEEN _____ APPROVED/ _____ DISAPPROVED BY THE DISTRICT OFFICE

Approval must be obtained a minimum of 30 days prior to commencement of the professional development opportunity. **Faxed copy accepted.**
 A signed copy will be returned to the employee and MUST accompany the request for payment paperwork. 12/2005