

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

1. Employee: \_\_\_\_\_ County: \_\_\_\_\_ Date: \_\_\_\_\_
2. Type of Program: Workshop or Training Program \_\_\_\_ / Professional Association Conference \_\_\_\_ / Other Conference \_\_\_\_  
Credit Course \_\_\_\_ / On-line Credit Course \_\_\_\_ / Other (Please Describe): \_\_\_\_\_
3. Number of Credit Hours: \_\_\_\_ / Audit Hours: \_\_\_\_ / CEs: \_\_\_\_ (Tuition Reimbursement Request required)
4. Title of Program/Course/Conference: \_\_\_\_\_  
Location (City/State): \_\_\_\_\_
5. Dates and times of program: \_\_\_\_\_
6. Describe how this opportunity relates to your current or future Extension program and is relevant to your position and/or major programming effort? Also explain how this professional development opportunity fits into your professional development plan.

7. Describe the expected "return on investment" for this professional development opportunity. Examples: how it will help you better meet clientele needs; how it will contribute to your scholarly work; ways it could benefit the county and state Extension organization...

*\* Attach another page, if more space needed for # 6 and/or #7*

8. Estimated total cost of program:
 

Travel	\$ _____
Tuition or Fees	\$ _____
Lodging and Meals	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

9. Reimbursement requested from district:
 

Travel	\$ _____
Tuition or Fees	\$ _____
Lodging and Meals	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

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 Extension Oversight Committee/County Partner support this application? Yes \_\_\_\_ / No \_\_\_\_

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

**Professional Development – Request Maximum: \$1,000 over 3 years**

Approval lead time: thirty days is required if tuition reimbursement is requests, and preferred for all other professional development requests.

**A signed copy will be returned to the employee and MUST accompany state Travel Expense Report (TER) form.**

Faxed copy accepted

11/10

-----District Office Use-----

THIS REQUEST HAS BEEN APPROVED \_\_\_\_ / DISAPPROVED \_\_\_\_

Prior Funding: Year \_\_\_\_ / Amount \$ \_\_\_\_\_      Year \_\_\_\_ / Amount \$ \_\_\_\_\_      Year \_\_\_\_ / Amount \$ \_\_\_\_\_