

**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: ____ / CEUs: ____ (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 \$ _____
 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 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 \$ _____