

**UNIVERSITY OF WISCONSIN-COOPERATIVE EXTENSION
DISTRICT PROFESSIONAL IMPROVEMENT 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. Title of Prpgram/Course: _____
4. Number of Credit Hours: _____ Audit Hours: _____ CE Units: _____
5. Institution/Agency offering program: _____
Address: _____
6. Dates and times of program: _____
7. How does this opportunity relate to your position or major programming efforts? Describe how this professional development opportunity fits into your professional development plan.

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| <ol style="list-style-type: none"> 8. Estimated total cost of program: Travel \$ _____ Tuition or Fees \$ _____ Lodging and Meals \$ _____ Other \$ _____ TOTAL \$ _____ | <ol style="list-style-type: none"> 9. Reimbursement requested from district: Travel \$ _____ Tuition or Fees \$ _____ Lodging and Meals \$ _____ Other \$ _____ TOTAL \$ _____ |
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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 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

A signed copy will be returned to the employee and MUST accompany the request for payment. Approval must be obtained a minimum of 2 weeks prior to commencement of the professional improvement opportunity.