## WASHINGTON AND LEE UNIVERSITY



## **Employee Development Fund - Instructions**

Washington and Lee University has established a fund to provide administration and staff with assistance to attend off-campus conferences, workshops, seminars or courses that enhance individual skills. A request form can be obtained by clicking <a href="here">here</a>. For more information about the Employee Development Fund, call the Assistant Director for Workforce Development in the Office of Human Resources at extension 8252.

## **Instructions:**

- 1.) Complete the Employee Development Fund form and have supervisor sign for approval.
- 2.) Attach a copy of the program information for which funds are requested to the Employee Development Fund form.
- 3.) Send the completed form with attached copies of program information to the Office of Human Resources for review and consideration for funding.
- 4.) If funding is approved, a disbursement voucher will be completed by the Office of Human Resources and forwarded to the Business Office for processing. A copy will be sent to the employee.
- 5.) It is the employee's responsibility to register for the seminar and make any necessary travel arrangements.
- 6.) It is the employee's responsibility to contact the Business Office to clear an advance if necessary.

Direct Questions to the Office of Human Resources at Extension 8252.

## Washington and Lee University EMPLOYEE DEVELOPMENT FUND REQUEST

Complete the information below and send the form to the Office of Human Resources

Nan	ne			Date		
Posi	tion			Dept		
1.			•	for which you are req . Attach program info		, where it
2.				equested program as chure/flyer if available		work and
3.	will utiliz	-		ed (also include any o parking		unding you lunch
	\$	mileage	\$	other (describe	expense(s) below	N)

Workforce Development Office of Human Resources April 2011

4.	Total amount necessary for	or this course: \$		
	Amount available through	n departmental funds: \$		
	Amount requested from I	HR employee development fo	unds \$	
5.	Employee's signature		Date	
	If approved please	<b>:</b>		
	Make payme	nt to me and deliver through	campus mail.	
	Make payme	nt to me and hold in the Busi	ness Office for pick up.	
	Make payme	nt directly to the training site	or educational institution.	
6.	Supervisor Approval (and	l other information) is neede	d on the next page.	
7.	authorize use of funds to enhance the individual's j	support attendance at confer	nilable, Human Resources may ences, workshops or seminars ributions to the University. Of henever possible.)	that
	Funds approved	_ Not approved	Amount \$	
	HR signature		Date	

There are \$	departmental funds that can be us	sed for this reques			
Please use the following 12 digit account #					
Supervisor's signature		Date			
******	***********	*****			
DISBURSEMENT VOUC	CHER TO BUSINESS OFFICE:				
Pay to:					
Address:					
Employee Name and ID:					
Employee Name and ID:  PAYMENT INSTRUCTION  Department Name		Total			
PAYMENT INSTRUCTION	ONS				
PAYMENT INSTRUCTION  Department Name	DNS  12 Digit Account Number				
PAYMENT INSTRUCTION  Department Name	DNS  12 Digit Account Number  est:				
PAYMENT INSTRUCTION  Department Name  Total Disbursement Requa	DNS  12 Digit Account Number  est:				
PAYMENT INSTRUCTION  Department Name  Total Disbursement Requestion  Pickup/Delivery Instruction	DNS  12 Digit Account Number  est:	Total			