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 here. 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

Name_____________________________ Date____________________

Position____________________________ Dept.____________________

1. Describe the type of program/activity for which you are requesting funding, where it will take place and the specific date(s). Attach program information.

2. Describe the benefit of attending the requested program as it relates to your work and professional development (attach brochure/flyer if available).

3. Provide a list of expenses to be incurred (also include any other sources of funding you will utilize).

$__________ seminar $__________ parking $__________ lunch

$__________ mileage $__________ other (describe expense(s) below)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Workforce Development
Office of Human Resources
April 2011
4. Total amount necessary for this course: $___________________________
   Amount available through departmental funds: $___________________________
   Amount requested from HR employee development funds $___________________________

5. Employee’s signature_________________________________________ Date____________

   If approved please:
   _____ Make payment to me and deliver through campus mail.
   _____ Make payment to me and hold in the Business Office for pick up.
   _____ Make payment directly to the training site or educational institution.

6. Supervisor Approval (and other information) is needed on the next page.

7. Human Resources Approval – (Based on the funds available, Human Resources may authorize use of funds to support attendance at conferences, workshops or seminars that enhance the individual’s job performance and/or contributions to the University. Other available sources of funding should be utilized first whenever possible.)

   Funds approved_______ Not approved_____________ Amount $_____________

   HR signature_________________________________ Date____________
8. Supervisor Approval: I support this request and attendance at the proposed program.

There are $__________ departmental funds that can be used for this request.

Please use the following 12 digit account # ________________.

Supervisor’s signature __________________________ Date ________________

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DISBURSEMENT VOUCHER TO BUSINESS OFFICE:

Pay to:  ________________________________________________________________

Address: ________________________________________________________________

Employee Name and ID:  _______________________________________________________

PAYMENT INSTRUCTIONS

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<thead>
<tr>
<th>Department Name</th>
<th>12 Digit Account Number</th>
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Total Disbursement Request: __________________________
Pickup/Delivery Instructions: __________________________

The disbursement request has been sent to the Business Office and a copy of this Employee Development Fund Request has been returned to the employee.

__________________________ _________________________________
Date