

Professional Development Fund Request In-Service for “State Staff”

Division Name:	
Date of Workshop/Training: TO	Name of Workshop/Training:
Name of Person(s) Attending:	
Brief Description of Workshop (training, purpose, objectives):	
Dollars to be Encumbered (breakout of requested expenses):	

Instructions:

Please route/take **this completed form** with your Division Supervisor and Senior Leaders’ signatures to Melissa Sturgeon, Human Resources Manager, for approval. Upon approval, this form will be returned to the requestor to finalize the procurement process. Attach a copy of this form to your original requisition or P-card paperwork.

Division Supervisor Approval Date

Senior Leader Approval Date

HR Manager Approval Date

FY21 Funding codes:
Sub-Account: 09
Fund Type: 1000
Class Funding: 43000
Department: 6000001
Budget Ref: 21
Operating Unit: 13000051
CFDA: 840480000
Program Code: C0202

Account Code and Item Code will be determined by the requestor.