

**UNM-Valencia Campus Staff Professional Development
Stipend Request Form**

Name of Requester: _____ Department: _____

Title of Workshop, Seminar, Class or Professional Development Activity*: _____

Date(s) of Workshop, Seminar, Class or Professional Development Activity: _____

Location of Professional Development Activity: _____

Number of Professional Development Activities Attended in the Last Six Months: _____

Provide a brief explanation of how this professional development activity would benefit both you *and* the UNM-Valencia Campus as a whole: _____

Total Cost (Include cost of professional development activity, transportation, and accommodations if applicable): \$ _____

Cost To Be Picked UP by Department (The department is expected to fund at least a portion of the total cost): \$ _____

Amount Requested from the Staff Professional Development Committee: \$ _____

Requestor's Signature: _____ Date: _____

Signature of Dept. Head/Supervisor: _____ Date: _____

The Staff Professional Development Committee meets monthly, so please submit stipend requests at least 30 days before the planned activity, All requests must be approved in advance of the staff development activity, no retroactive reimbursements are permitted. The committee welcomes staff members to attend meetings and explain their request. Call the chairperson for the next meeting date.

*Please attach a copy of the non-credit class, workshop, seminar, or conference announcement.

For Committee Use Only

Approved For: _____ Denied: _____ Date: _____

(Dollar Amount)

Reason Request Was Denied: _____

Signature of Staff Professional Committee Chairperson

Signature of Staff Professional Development Committee Secretary