SUBSIDY REQUEST STAFF DEVELOPMENT FUND NON-CONFIDENTIAL, NON-INSTRUCTIONAL SUPPORT

____ PRE-APPROVAL ____ FINAL REQUEST

The NC-NI Staff Development Committee will meet to consider your subsidy request as soon as possible after all paperwork has been submitted. Please fill in the following information, attaching any appropriate documentation to substantiate reimbursement of payment (e.g. invoice copy of a cancelled check, grade sheets, expense receipts, and <u>proof of attendance</u>, etc.), and return to a NC-NI Staff Development Committee member.

Name of SS requesting funds: _____

Total amount requested: _____ Date of request: _____

Description of course/conference/meeting/seminar/workshop. Please include the location, date, and any credits received.

Documentation	provided:	

1. Total amount requested: _____ Date: _____

2. Amount of first payout: _____ Date: _____

3. Amount of final payout: _____ Date: _____

4. Request Denied: _____ Date: _____

Reason for denial: _____

Signature and date signed by all three members of this SDF Committee.