

PRIOR APPROVAL - AISP PERSONNEL
STAFF DEVELOPMENT GRANT APPLICATION
(pre-approval required, request NOT accepted after activity)

Date: _____ Name: _____

Position: _____ Location: _____ Phone: _____

Description of Activity: _____

Where: _____ Date: _____ Cost: \$ _____

How does this activity enhance your professional growth? _____

Days of school/work missed: _____

Substitute required? Yes No

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SEIU/AISP Officer Signature: _____ Date: _____

HR Approval: _____ Date: _____

Approval total: _____

Budget Code: _____