

WESTERN NEVADA COLLEGE
COLLEGE STAFF DEVELOPMENT

The College Staff Development Committee is a subcommittee of the Budget Committee

The mission of the College Staff Development Committee is to support the college's commitment to the professional growth and development of its faculty and staff.

The committee will accomplish this by:

- Disbursing funds to enable employees to develop their skills and training for the benefit of the college community.
- Maintaining guidelines for the staff development process including prioritization of applications, employee eligibility for funds, and tracking of completed staff development activities.

Please refer to the College Staff Development Guidelines for details about the process of requesting staff development funds.

APPLICATION COVER SHEET

To be completed by applicant...

Applicant Name: _____

Event Name: _____
Please do not use acronyms, but list the full name

Event Location: _____

Event Dates: _____
A date is needed. Please do not use any form of TBA or TBD.

Amount Requesting: _____

For administrative use only

RECEIVED BY _____
Signature Date

SCANNED BY _____
Signature Date

COMMITTEE DECISION _____

APPROVED/DENIED BY COMMITTEE _____
Date

REASON IF DENIED _____

REPORT SUBMITTED _____
Date

WESTERN NEVADA COLLEGE
COLLEGE STAFF DEVELOPMENT FUND

(Application Page 2)

5. _____ **I have read and understand the College Staff Development Committee Guidelines**
(Initial) **that can be found on the Budget Committee web page.**

What is your employment status with WNC? Please check all applicable boxes:

Full-time Academic Faculty

Full-time Administrative Faculty

Part-time Academic Faculty

.53 or more Classified Staff

Taught at least two fall/spring semesters and completed at least six credits (not including current semester or summer semesters)

Currently teaching this semester

Signature: _____
Faculty/Staff Member

Date: _____

6. ***This section is to be completed by your Supervisor.***

_____ Supervisor supports application.

_____ Supervisor **does not** support application.

Employee is REQUIRED to attend THIS SPECIFIC training for his/her job.
If yes, please explain.

Yes _____ No _____

College Staff Development is authorized to fund applications up to the current approved amount.

Would you be willing to fund the difference if this employee is not funded for their entire trip?

Yes _____ No _____

REQUIRED: Supervisor's comments in support of this application:

Supervisor

Signature: _____

Date: _____

Printed name: _____

WESTERN NEVADA COLLEGE
COLLEGE STAFF DEVELOPMENT FUND
Project Report

Instructions: Please complete the following information and submit the report to the CSD Committee Chair (heather.rikalo@wnc.edu) **within 30 days of completion of funded travel.** Failure to submit in a timely manner may restrict further funding for you.

Staff/Faculty Name: _____

1. Name Place and Date(s) of activity – **Please do not use acronyms, but list the full name:**

Event Name: _____
Place: _____
Dates: _____

Incomplete forms or incomplete answers may delay approval by the committee and may be returned for completion.

1. Introduction of the project:

2. What was the impact of the project on your professional development?

3. What is the impact of the project on the fulfillment of WNC's mission?

Staff/Faculty printed name Staff/Faculty signature Date

Supervisor printed name Supervisor Signature Date