

## **Application for Professional Development Support**

Please return to: Annmarie Allen, SEAS Human Resources Office 20 University Rd, 6<sup>th</sup> floor, (617) 495-4586

## Part 1: Applicant and Conference Information. Please complete all fields.

Employee:	Job	o title:	
Supervisor:			
Event:		tes attending:	
Event location:			
Anticipated expenses	Registration (member rate	e) \$	
	Transportation (flights, cabs	): \$	
	Lodgin	g: \$	
	Meal	s: \$	
	Total requested	d: \$	
If you anticipate receiving	other funds please indicate th	ie source and amount: \$	
Is this your first application	n for professional developmer	nt support during this fis	cal year? Yes 🗆 No 🗆
Explain briefly why you wis	h to attend. Please attach a f	lyer if available.	
If you are an active committee member for this conference/organization, please explain your role.			
If you will be making a pres	sentation, please attach an ab	ostract or summary.	
Applicant signature			_ Date
Part 2: Supervisor Ap	proval		
Please indicate number of	days of release time required	for this activity:	
Supervisor signature			_ Date
Part 3: Human Resour	ces Approval		
HR signature			_ Date
Amount: \$			