

Supervisor Approval Form:

Employee's Attending:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

By signing this form, I, the undersigned supervisor, agree to the following conditions regarding the request for funding from the Staff Association Professional Development Fund for all above-named employees:

1. Departmental Contribution:

- I confirm that our department will cover at least 25% of the total cost associated with the professional development activity.

2. Eligibility:

- I confirm that all employees attending the professional development activity are benefits-eligible employees.

3. Probationary Period:

- I confirm that each employee attending the professional development activity has completed their 6-month probationary period.

4. Awareness and Approval:

- I confirm that I have been made aware of the purpose of the funding request. I agree that the request meets the required criteria as outlined on SUU SPDF website: <https://www.suu.edu/staffassociation/spdf.html>.

Supervisor Approval:

- Supervisor Signature: _____
- Date: _____