

Conference Fund Request

To: Human Resources Services

Date: _____

Name: _____

Department: _____

Conference/Training Seminar/Workshop Name (s):

Dates Attended: _____

Conference Registration Fee¹: (Please attach a copy of the receipt)

Registration Amount: _____

Development Objective (what long-term goal is this conference/training seminar/workshop intended to help you reach):

Value of conference/program to Dickinson College:

Employee Signature

Supervisor's Signature

Date

Date

HUMAN RESOURCE SERVICE

Approved: Yes No Amount of Funds Allocated: _____ Date Processed: _____

¹ Non-exempt staff are eligible for up to a maximum of \$200.00 annually from the Conference Fund on a first come, first served basis until the budget for the fund has been exhausted.