## **REQUEST FOR FACULTY DEVELOPMENT FUNDS**

Request forms must be received via Adobe Sign in the Office of the Provost and Vice President for Academic Affairs (provost@csub.edu) at least three weeks before funds are needed. The Provost will fund up to the following amounts per academic year for full-time tenure-track or tenured faculty who are presenting, (co)chairing, moderating, or participating in a panel at an approved peer reviewed conference or workshop. Additional funding may also be available from your department, dean, or other sources (GRaSP, FTLC, etc.). Visit https://www.csub.edu/bas/paymentservices/\_files/travel\_policy.pdf for the university's Travel Policy and Procedures. Travel expenses (or approved accruals) must post to the year in which they are requested in order to count for toward that fiscal year's Faculty Development Funds award.

the year in w <u>hi</u>	ich they are requeste	d in orde	er to count	for toward	d that fisc	cal year's Fa	culty Devel	opment Fu	ınds award.	
		Select One		Maxi	Maximum Amount/AY					
P	Assist/Assoc Professor		[ ]			\$1,500				
F	ull Professor		[ ]			\$1,000				
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Faculty:		Name					C	SUB ID		
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L		C. II /A								
_		College/Area		1			<i>D</i> ер	artment		
Conference/										
Workshop,										
Location:	Confe	Conference Name & Location				Dates of Travel				
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<b>Funding Source</b>	s (if not requesting fu	nds, pleas	se indicate \$	\$ <b>0)</b> :						
		AMOUNT I	REQUESTED					<u>AMOUN</u>	T REQUESTED	
Department	\$	\$			Provost			\$		
Dean/College	\$				Other (FTLC, grant, etc.)			\$		
							-			
Chartfields:	<u>BUS UNIT</u>	<u>FUND</u>	DEPT ID	<u>ACCT</u>	<u>PROJ</u>	<u>PROG</u>	<u>CLASS</u>		T APPROVED	
Department								\$		
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Provost	-1 -1 - )							7		
Other (FTLC, gra	nt, etc.)							\$		
Approvals:										
Dept Chair*	Name	Name			Signature			Date		
	Nume				Signature				Dute	
Dean*										
	Name				Signature				Date	
Other (FT) C	\									
Other (FTLC, gra	nt, etc.) Name				Signature				Date	
					Signature				Dute	
Provost and VPA	AA Deborah Th	ien, Ph.D.								
	Name				Sianature				Date	

<sup>\*</sup>Required prior to submitting to the Office of the Provost and Vice President for Academic Affairs via Adobe Sign (provost@csub.edu).