



## PROCEDURE

SECTION: 14.2.a

SUBJECT: Staff Development Funds

All permanent full-time and part-time employees must follow the procedure below when applying for funds to enhance his/her work performance, knowledge, or skills in providing excellent internal/external customer service.

- Discuss your request to apply for funding with your immediate supervisor to receive approval in advance, as it relates to the Library's scheduling needs.
- Applications should be submitted to the immediate supervisor for approval at least 30 days prior to date of the conference/event.
- After receiving approval from immediate supervisor, complete the "Staff Development Fund Application Form" in its entirety, attached all supporting documentation (registration forms for conference, etc.) and obtain supervisor's signature before submission for the appropriate Deputy Director's approval.
- After review and approval, the Deputy Director will submit to the Director for final approval.

When submitting for tuition reimbursement, please do the following:

- Submit a Staff Development Fund Application prior to registering for the course.
- After you have completed the course, forward a copy of the original request, plus a copy of your receipt showing the course was paid for in full (reimbursement is available for fifty percent (50%) of the cost or a maximum of \$300 per course) and a copy of your final grade (grade of B or better) to the Director for final review and approval.

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Approved: March 2, 2005

Revised: January 2012



Application for Staff Development Funds

SECTION: 14.2.b

PLEASE PRINT INFORMATION:

Employee Data

Name: Last First M.I. Employee No. Address: Street City State Zip Code Work Site: Department / Branch Work Phone Job Title: Date of Employment:

Staff Development Information

Description: Location: Start Date: End Date: Credit Hours (if applicable): Expenses: Registration \$ Lodging \$ Travel \$ Food \$ Local Transportation \$ Misc \$ TOTAL COST \$ Explain how this is related to your work (be specific)

I hereby submit a request for reimbursement in accordance with the established policy for the "Staff Development Program" and I understand and agree with the required procedures for the Richmond Public Library. I also certify that the information above is correct.

Signature of Applicant Date

Supervisor's Name (Print) Signature

Recommend Approval: Yes No

For Library Administration Use Only

Date Received Date Approved Date Denied Fiscal Year Account Number Approved Amount \$ Director or designee's signature Date