

Faculty of Science
Application for Support Staff Development Fund

Email application to Margaret.Smith@umanitoba.ca

Name: _____ Phone: _____

Dept: _____ Employee #: _____

Have you received a previous allocation? Yes / No

If Yes, when: _____

Requested funds will be used for:

Total estimated cost: \$ _____

Head's Recommendation: Yes/ No

Justification:

Name of Head: Signature of Head: _____

For Office Use Only:

Name of Applicant: _____

Approved _____ Denied _____

Reason for denial:

Signature of Dean's Representative: _____

Date: _____