

Professional Development Fund Request Form

Tenure-Eligible, Tenured, and Non-Tenure Eligible Faculty (TET and NTE)

Requestor Name _____

Funds will be approved based on section 18.4 of the current WSU-AAUP contract.

Describe what you are requesting. Be specific about dates, purchase, quantities, etc. Attach a budget or travel authorization form (if needed).

Describe how the requested expenditure fulfills the stipulations for professional development fund use.

Faculty signature _____ Date _____

The chair's signature below indicates approval of the described expense as within PDF guidelines.

Department chair signature _____ Date _____

The dean's signature below indicates approval of the described expense as within PDF guidelines.

Signature _____ Date _____

PDF available to faculty in the requested FY: _____

Total estimated PDF amount requested: _____