

**PRIOR APPROVAL - AISP PERSONNEL**  
**STAFF DEVELOPMENT GRANT APPLICATION**  
(pre-approval required, request NOT accepted after activity)

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Where: \_\_\_\_\_ Date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

How does this activity enhance your professional growth? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days of school/work missed: \_\_\_\_\_

Substitute required?  Yes  No

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEIU/AISP Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approval total: \_\_\_\_\_

Budget Code: \_\_\_\_\_