

**Kean University**  
**Request for Professional Staff Professional Funds Form**

**Instructions**

A professional staff member in the KFT bargaining unit, that has completed at least one year of university service, may apply for up to \$1000 for professional development purposes per fiscal year. Prior to completing the application, please review the Letter of Agreement that addresses Professional Development Funds for Professional Staff.

The application and requests for funding must be submitted to the employee’s immediate supervisor. The Application must be submitted seven weeks in advance of the anticipated event and are subject to approval by the employee’s immediate supervisor within two weeks of submission. Less notice for a request in funding is permissible in the event of emergent circumstances and the approval of the employee’s supervisor.

If the immediate supervisor approves the request, the immediate supervisor and professional staff member should submit the form for approval to the director of Budget, Jennifer Strahan at [jestraha@kean.edu](mailto:jestraha@kean.edu).

Professional staff granted a request for travel funds must comply with the Travel Policy. Kean University policy requires all travel to be pre-approved 5 weeks prior to travel. Please see manual for detailed information, including required forms to be completed and submitted.

<https://www.kean.edu/offices/human-resources/travel-manual>

Prior to applying for the foregoing funds, the employee shall ensure that resources to accomplish the same goal are not available at the University’s Human Resource website.

<https://www.kean.edu/offices/human-resources/professional-development-and-training-resources>.

FUND	COST CENTER	OBJECT

**Application Form**

**Please Complete the Following Information:**

**Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Work Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Activity/Conference/ Certificate Name:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

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*If your activity includes travel, please submit the Kean University Travel Authorization Request Form that can be found here ( [Travel Authorization Request Form](#)).*

**Costs of Professional Development Activity:**

**Brief Description of Activity (200-word maximum).** Please be as specific as possible and describe any deliverables such as certifications that you may earn from attending the activity.

**How much funding is requested for the activity?**

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By providing your signature below, you confirm that you reviewed the University's Human Resource website prior to submitting this request and did not find resources to accomplish the same goal you wish to achieve in requesting funds through this application process. <https://www.kean.edu/offices/human-resources/professional-development-and-training-resources>.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**University Approvals**

**For Supervisors Only:**

**Name of Supervisor:**

**Title:**

**Department:**

**Work Email Address:**

**Telephone Number:**

**Approve**

**Disapprove**

**Signature:**

**Date:**

Once the application has been completed and signed by the supervisor, email to

**For Budget Only:**

**Name of Reviewer:**

**Title:**

**Department:**

**Work Email Address:**

**Telephone Number:**

**Approve**

**Disapprove**

**Signature:**

**Date:**