

Second Start
(603) 228-1341

17 Knight Street, Concord, N.H. 03301

REQUEST FOR SUPPORT FOR STAFF DEVELOPMENT ACTIVITY

The following form should be filled out by any staff member who wishes to apply to the Staff Development Office for reimbursement of costs associated with attendance at a staff development activity related to his/her work. **The completed form should be submitted at least one month prior to the registration deadline for the event.** Forms should be sent to

Patricia Nelson
Second Start
17 Knight Street
Concord, NH 03301

Name: _____

Address: _____

Program: _____

Position: _____

Supervisor: _____

Name of Activity: _____

Location: _____

Date(s): _____

Sponsoring Organization: _____

Amount Requested: _____
(please give cost breakdown: e.g. registration, meals, etc.)

My supervisor is aware of my interest in this activity and supports my participation.

Yes: _____ No: _____

A written response to the request will be sent within 2 weeks of receipt of this form.