

REQUEST FOR FUNDS FROM STAFF COUNCIL

CONFIDENTIAL

This application is to be completed by an appointed staff member on their own behalf. The Staff Council will determine the appropriate amount to be given each year prior to the submission of applications based on available funds. The same person will not be allowed to receive funds the next year unless special circumstances warrant. Requests will be voted on by the Staff Council members at a regularly scheduled Staff Council meeting. Current Staff Council members will make the determination on the award based on the information below.

Name of staff person requesting funds: _____

(may be left blank)

Funds/amount Requested: _____

Is Supporting Documentation for the Request Attached? Yes _____ No _____

Date of application: _____

DESCRIPTION OF NEED: (Please be specific).

Approved: _____ Not Approved: _____

Per Staff Council Meeting of _____ (list date).

All information on this request is to be kept strictly confidential.