

Professional Development Program Funding Application

*All CICOES employees with 50% FTE or higher are eligible for $1,000 annually (Jan. – Dec.). An additional $800 is available to match funds provided by your grant.*

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| Employee Name  Click or tap here to enter text. | Job Title  Click or tap here to enter text. |
| Briefly describe your role at CICOES:  Click or tap here to enter text. | |

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| What type of professional development opportunity do you want to pursue?  Conference  Certificate Program  Workshop  POD course  Other: | | |
| Please describe the professional development opportunity you want to pursue (name, date, location, level of participation etc.).  Click or tap here to enter text. | | |
| How will this opportunity impact your or the group’s ability to accomplish your or their daily work?  Click or tap here to enter text. | | |
| How will this opportunity impact your or the group’s long term career goals?  Click or tap here to enter text. | | |
| What is the total estimated cost?  Click or tap here to enter text.  What amount are you requesting from CICOES?  Click or tap here to enter text. | What amount is being paid by your grant?  Click or tap here to enter text.  Please provide grant number.  Click or tap here to enter text. | How did you hear about this professional development opportunity?  Click or tap here to enter text. |

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| CICOES Supervisor Signature: | CICOES Supervisor Name:  Click or tap here to enter text. | Date:  Click or tap to enter a date. |
| NOAA Sponsor Signature:\* | NOAA Sponsor Name:  Click or tap here to enter text. | Date:  Click or tap to enter a date. |

For committee approval:

|  |  |
| --- | --- |
| Amount approved: | |
| CICOES HR Signature:  Click or tap here to enter text. | Approval Date:  Click or tap to enter a date. |

Please send completed form to Jed Thompson at [jedthom@uw.edu](mailto:jedthom@uw.edu).

*\*Required unless you do not work on NOAA WRC Campus*