DISCLAIMER

Please review the Professional Development Guidelines available on the Staff Advisory Council's Professional Development page prior to submitting your application. This application will take approximately 20 minutes to complete. All professional development activities must be completed during the fiscal year (July 1 to June 30) it was funded. If you have an activity that bridges the fiscal year, please contact us at sacpdfund@unomaha.edu. For consideration, please request funds as soon as possible.

ELIGIBILITY

To be eligible for the Staff Advisory Council Professional Development Fund, a staff member must meet the following requirements:

- **50% FTE or benefits-eligible employees classified as Office/Service, Managerial/Professional, or Non-academic Administrators. This includes NU employees housed at UNO who spend over 50% of their work time for UNO.**

- **Employee must be past the initial UNO probationary period (first 180 days) in their employment with the University and in current good standing with the University (i.e not under any written disciplinary action within the last 12 months).**

- **Past awardees applying for funds must have completed the past award's final reporting requirement. Each employee can only be awarded one professional development grant per academic year.**

Do you, as the applicant, meet these guidelines?

☐ **Yes**

☐ **No**

PERSONAL INFORMATION:

Name: _____

Email: _____

Job Title: _____

Department, College and/or Business Unit:

_____

SUPERVISOR INFORMATION:

Have you consulted with your supervisor regarding funding for this professional development opportunity?

- ☐ Yes
- ☐ No

If no, why? _____

Please provide your immediate supervisor's contact information. Your application will be reviewed and approved by your supervisor prior to review by the Professional Development review committee.

Supervisor Name: _____

Supervisor Email: _____

PROFESSIONAL DEVELOPMENT TRAINING INFORMATION:

Type of Professional Development Training

- ☐ Conference
- ☐ Webinar
- ☐ Certification Exam
- ☐ Community College Course
- ☐ Workshop

Title of Training/Conference: _____

Website URL: _____

Please provide a brief description of the opportunity for the SAC PD Committee. Include links, where appropriate. Description (100 – 200 words):

TRAVEL DETAILS:

Does the professional development opportunity require any travel outside the Omaha Area?

- ☐ **Yes**
- ☐ **No**

Please select the date(s) of the professional development opportunity (including any travel time):

Start Date: **End Date:**

Where is the location of the training?

City: _____

State: _____

Mode of Travel: _____

BUDGET INFORMATION:

The university encourages individual departments or units to support their employees' professional development whenever possible. To better support all UNO staff, the SAC PD Fund is a need-based fund and was developed to support individuals when their department is under budget constraints.

Instructions: Please fill out the below items to submit your professional development budget information. Enter all relevant details directly into the spreadsheet, following the column headers and formatting in the file. Fill in only the applicable fields and leave any unused cells blank. Please round all amounts up to the nearest dollar.

ITEMS	DEPARTMENT/UNIT CONTRIBUTION	SAC PROFESSIONAL DEVELOPMENT FUND	OUTSIDE FUNDING/PERSONAL CONTRIBUTION

Requested Department/Unit TOTAL:	Requested SAC PD Funding TOTAL:	Outside Funding TOTAL:	TOTAL COST

BENEFITS TO YOU AND UNO:

Please provide a 100–200-word summary of how this opportunity will impact your job skills and productivity, or in any other way strengthen your contributions to your department/unit and the campus community.

Please describe how this opportunity differs from training offered through other UNO initiatives (e.g., NU employee scholarship).

Is there anything you would like to note to the selection committee for this part of the application, please enter it below:

SUBMISSION CONFIRMATION:

By clicking submit you affirm that:

- ☐ **The information you provided is accurate to the best of your knowledge and ability.**
- ☐ **You have read, understand, and agree to all the terms of the Professional Development Fund guidelines and application.**

FOR SUPERVISOR COMPLETION

SUPERVISOR DISCLAIMER:

You are listed as the supervisor for _____ requesting funding through the UNO Staff Advisory Council's Professional Development Fund. As part of the application process, you are required to complete a brief supervisor section. This information is used to provide context about the employee's position and how the proposed development opportunity aligns with their role within your department. Please complete the supervisor section promptly to ensure the application can be reviewed in full.

APPLICANT SUPERVISOR INFORMATION:

Name: _____

Email: _____

Job Title: _____

Department, College and/or Business Unit:

_____

EMPLOYEE INFORMATION:

Please select whether your employee has met the following requirements of the Professional Development Fund:

- ☐ **Benefits Eligible**
- ☐ **Completed their initial 180-day probationary period**
- ☐ **In good standing**

The applicant may need to use work time to complete professional development.

- ☐ **I support the employee's use of work time to complete all the professional development.**
- ☐ **I support the employee's use of work time to complete some of this professional development.**
- ☐ **I cannot contribute work time for the employee to complete this professional development.**

Review the budget information provided by the applicant as part of this application, can the department/unit/college you supervise pay for the items listed in column "Department/College Contribution".

- ☐ **My department is able to fund a portion of this request.**
- ☐ **My department is unable to fund this request.**

Please enter the amount the department able to fund (rounded up to the nearest dollar):

Is there anything that you'd like to note to the selection committee for this part of the application? Please enter it below:

SUBMISSION CONFIRMATION:

By clicking submit you affirm that:

- ☐ **You are aware that the Professional Development Fund is a needs-based fund and that you do not have the funds to fully pay for the professional development of your employee.**
- ☐ **The information you provided is accurate to the best of your knowledge and ability.**
- ☐ **You have read, understand, and agree to all the terms of the Professional Development Fund guidelines and application.**