



## Application for Professional Development Support

Please send your completed application or questions to  
[professionaldevelopmentfund@seas.harvard.edu](mailto:professionaldevelopmentfund@seas.harvard.edu).

**I. Applicant and Conference Information:** Please complete all fields and provide a copy of the event flier and a hyperlink to the event webpage. If you are presenting at a conference, please attach a summary or abstract of your presentation. As a reminder, please ensure that both the employee and the manager have signed the application prior to submitting.

**Employee:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Event:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_ **Dates of Attendance:** \_\_\_\_\_

**Event Website:** \_\_\_\_\_

### Anticipated Expenses

**Registration Fee:** \$ \_\_\_\_\_

**Transportation:** \$ \_\_\_\_\_

**Lodging:** \$ \_\_\_\_\_

**Meals:** \$ \_\_\_\_\_

**Total Requested:** \$ \_\_\_\_\_

- Please do not incur any expenses until after your application has been approved.
- For advance payments, such as conference registration or airfare, please use your department or corporate card. Alternatively, you may use your personal funds and submit your expenses for reimbursement after the activity has concluded.
- Review the [Travel and Reimbursement Policy](#) to ensure your expenses are in compliance with University guidelines. Familiarity with these guidelines will help streamline the reimbursement process. If you have any questions, please contact the SEAS Financial Operations team at [procurementhelp@seas.harvard.edu](mailto:procurementhelp@seas.harvard.edu).

1. If you anticipate receiving other funds, please indicate the source and amount: \$ \_\_\_\_\_

2. Is this your first application for professional development support this fiscal year?    Yes    No

2. Please provide a brief explanation of why you wish to attend or complete this professional development activity:

3. If you are an active committee member for this conference/organization, please explain your role:

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### II. Supervisor Approval

Please indicate the number of days of release time required for this activity: \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### III. HR Approval

**HR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Approved:** \$ \_\_\_\_\_