

***Approval is to be granted before any expenses are incurred***

**Applicant Details:**

Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Position Title:	<input type="text"/>	Campus:	<input type="text"/>
Faculty/Division:	<input type="text"/>	School/Section:	<input type="text"/>
Contact Number:	<input type="text"/>	Work Email:	<input type="text"/>

Are you currently employed at CSU in one of the following types of appointments?

☐ Continuing

☐ Fixed Term Appointment

Date you commenced employment at CSU?

**Study Details:**

Provide details and proposed dates of the activity for which you are seeking funding:

Provide a brief outline on how this activity will support your leadership development:

Provide a brief outline on how this activity will support strategic objectives:

## Payment Request Details:

Costs to be covered under this application: (attach documentation for up front fees, eg course registration fee information)

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<b>Total Costs</b>	\$	<input type="text"/>
<b>Faculty Supplement</b> (if relevant)	\$	<input type="text"/>
<b>Amount Claimed</b>	\$	<input type="text"/>

Cost Centre to be reimbursed (if applicable):

## Authorisation:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Name	Signature	Date

☐ I support this application

☐ I do not support this application

Provide a brief outline on how this activity will support strategic objectives:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor Name	Signature	Date

Is supplementary funding available from the faculty?

☐ Yes

☐ No

<input type="text"/>	<input type="text"/>	<input type="text"/>
Budget Centre Manager	Signature	Date

## Payment Options:

Payment method for any type of support should be discussed with the Indigenous Employment Coordinator (this will vary for each application), BEFORE any expenses are incurred.

All requests require documentary evidence, either a receipt for out of pocket expenses OR a tax invoice from the relevant organisation. Please indicate below:

☐ Out of pocket expense (Include copy of the receipt with your application)

☐ Tax Invoice to be paid (Include a copy of the tax invoice with your application.)

Office use only - Application approval

☐ Approved for funding

☐ Not approved for funding

If not approved, reason:

Recommendation:

Indigenous Employment Coordinator

Signature

Date

Approval:

Manager, Diversity and Equity

Signature

Date

Account Code: A102-6510-63025-