SUOAF-AFSCME

MINORITY RECRUITMENT & RETENTION FUNDING REQUEST

Applicant's Name:		Department:	
Phone: '	7		
Please state the nature of your request (i.e., title of conference with specifics such as conference registration, travel, etc., or educational materials):			
	e the details of your request. If your re you are requesting and your intended	equest is not for travel/conference money, please describe the use of them:	
Conference:		Item Description:	
Dates:		Title:	
	Fees	Description:	
	Registration: \$		
	Lodging: \$		
	Travel: \$		
	Other: \$	□ Purchase Price: \$	
	Total Cost: \$		
	other information you feel is pertinent Please detail it on the reverse side.	t for the committee to know in making their decision on this	
SUOAF-AFSCME MEMBER SIGNATURE		DATE	
SUPERVISOR'S APPROVAL		DATE	
Affirmative Action Officer Approval		DATE	
SLIOAF-AFSCME MRMC MEMBER SIGNATURE		DATE	