



STAFF PROFESSIONAL DEVELOPMENT APPLICATION
Request for Permission for Absence/Request for Funds (Kaizen Fund)

Present this form to your Immediate Supervisor and then to the Vice President for Human Resources & Administrative Affairs. Please attach a copy of the letter of invitation, conference/workshop program/course or other documentation. A decision will be made after consideration of all factors. Thank you.

Name of Employee: _____ Employment Date: _____

Job Title: _____ Department: _____

Name of professional development and training program: _____

Is the Professional development Program Funded? Full Partial No

Name of Funder _____ Amount granted: _____

Is the professional development program during work hours? Yes No

Starting date of program: _____ Ending date: _____

Other activities you have attended in the last twelve months _____

Please ensure that you attach a statement describing how the program will benefit both yourself and the University and other relevant documents as listed above.

Name & Signature of Employee: _____ Date: _____

Name & Signature of Immediate Supervisor: _____ Date: _____

Approved Not Approved

Vice President for Human Resources _____ Date: _____

Approved Not Approved

IF FUNDS ARE REQUESTED FROM THE KAIZEN FUND
PLEASE COMPLETE THE SECTION BELOW

Reason for the request of funds: _____

Amount you request from the Kaizen Fund

\$ _____ NIS _____ JD _____

Decision of Vice President for Human Resources: Approved Not Approved

Amount granted from the Kaizen Fund: _____

Signature: _____ Date: _____

The employee is required to submit a report to the HR office and to his/her supervisor within the first week of completing the course or workshop.

If approved, copies will be given to Finance Office, Immediate Supervisor and Employee.