

College of Health & Human Services
Student Development Hiring Expense Justification/Request - AY 2023-2024



1. FACULTY SPONSOR INFORMATION

Route for approvals PRIOR to hiring.

Name _____

Phone# _____ Email _____ Department _____

3. ITEM INFORMATION

- Select and provide information in appropriate box below.

☐ ISA

☐

GA

Est. Award: \$ _____

☐ Fall 2023 Request

☐

Spring 2024 Request

General Purpose of Activity - Explain the proposed activity and how it will support student development in the field of study.

How will students share what they've learned with other students and faculty?

Explain how this funding will assist in closing equity gaps.

4. FUNDING SOURCE

All hiring documentation MUST BE submitted to Alma Valdez for processing.

Fund: TEHHS Dept: 27100

CLASS CODE: 2995Y - Student Professional Dev.

5. REVIEWS/APPROVALS

Faculty Sponsor	_____	_____	_____
	Print/Type Name	Signature	Date

Department Chair	_____	_____	_____
	Print/Type Name	Signature	Date

CHHS Dean's Office	_____	_____	_____
	Print/Type Name	Signature	Date

_____ Dept ASC Initials

_____ Dean's Office Reviewer Initials

NOTES: