The OP Staff Assembly (OPSA) is an organization for staff dedicated to promoting the interest and welfare of all staff employees. OPSA created this Staff Professional Development Program to provide career staff employees with funding to pursue professional development. Professional development can include attendance at workshops, conferences, seminars, courses, or materials that will enhance leadership skills, improve professional competency, enhance career progression, and/or keep employees abreast of workplace practices and technology. (Please see OPSA Staff Professional Development Program details for eligibility requirements.)

OPSA Staff Professional Development Program will only reimburse the purchase of materials/subscriptions or registration fees for an event/course up to $500. All other costs must be paid by the employee’s department and/or personally by the employee.

To be considered for the program, submit this completed application by the appropriate deadline to: OPStaffAssembly@ucop.edu

**Request Description**

| **Description of Use** |
| --- |
|  |
| **Cost** |  | **Date(s)***(if applicable)* |  |

**Applicant Information**

Last Name: First Name:

Title: \_\_\_\_\_\_\_\_\_\_\_\_

Division: Department:

Work Address: Work Phone:

City State Zip Code Work Email:

Time in Current Position: Time at OP:\_\_\_\_\_\_\_\_

What other development opportunities have you completed in the past year? (Please include dates)

**Supervisor Information**

Last Name: First Name:

Division: Department:

**Statement of Purpose**

1. Why are you interested in the event or materials?
2. What do you hope to learn? How do you expect to apply what you learn to your current position?
3. How will what you learn help you with your career development and overall professional career goals?

**Signatures**

I am an employee of the University of California Office of the President and I hereby apply for OPSA Staff Professional Development Program. I have not already received an OPSA Staff Professional Development Scholarship award in the last 12 months. I understand that OPSA Staff Professional Development Program award will reimburse for expenses up to $500 and that all other costs must be paid by my department and/or by me personally.

Applicant Signature: Date:

I support the Applicant’s submission of this application for OPSA Staff Professional Development Program and understand that all costs not covered by the award must be paid for by our department or by the Applicant personally. If awarded, this professional development opportunity will be included in the Applicant’s goals.

Supervisor Signature: Date:

I support the Applicant’s submission of this application for OPSA Staff Professional Development Program and understand that all costs not covered by the award must be paid for by our department or by the Applicant personally. If awarded, this professional development opportunity will be included in the Applicant’s goals.

Department Head Signature: Date:

Department Head Name (please print):

***For OPSA Use Only***

*Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*