



NORTH IDAHO COLLEGE

Staff Professional Improvement Request for PIP Funds

Submitted by _____

Date _____

Department _____

Phone extension _____

(This form should be completed each time funds are requested.)

1. Amount you are requesting (\$750 maximum for full-time employees):

2. How the funds will be used (please itemize):

3. Date(s) the funds will be used:

Immediate Supervisor approval

Title

Date

Additional approval, if appropriate

Title

Date

Vice President approval

Date

For Professional Development Use:

Amount requested \$ _____ Funds are available: No _____ Yes (amount) \$ _____

Individual's beginning fund balance \$ _____

Minus amount funded \$ _____

Individual's current PIP Fund balance \$ _____

Employment category _____ % of full-time _____ NIC hire date _____

Professional Development approval _____

for funds in the amount of \$ _____ Approval date _____

Your two-year funding cycle begins on _____ and ends on _____

It is the employee's responsibility to get this form, once approved, and any other required forms to the Business Office in a timely manner.