

BCGEU SERVICE ENHANCEMENT FUND (SEF) APPLICATION

MUST BE COMPLETED IN FULL

Name of Proposed Initiative:

Employee Name (Lead):	School Department:
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If a team initiative, list the employee names and their Schools/Departments for all participants.

Submission Date (mm/dd/yy):	Total Cost of Activity: \$
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Date of Proposed Initiative (mm/dd/yy): (Include range if multi-day)	Proposed Initiative Location(s):
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Have you **received SEF Funds this fiscal year** (April 1 - March 31): Yes No Will you be receiving funds from any other source? Yes No

If Yes for either question, provide the amount(s) and source(s):

INFORMATION REQUIRED FOR ALL INITIATIVE EXPENSES

ITEM DETAIL - e.g. Release time (name, FTE, duration), mileage, airfare, accommodation, food expenses, registration fees, books, software, hardware, etc.	DATE OF PURCHASE (MM/DD/YY)	COST \$
TOTAL COST: \$		

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**HUMAN
RESOURCES**

Selkirk  College

PROPOSED INITIATIVE – *Describe the proposed initiative. Provide URLs for the initiative details if applicable.*

ALIGNMENT WITH CRITERIA — *Describe how the proposed initiative fits the criteria (as per applicable Terms of Reference and below) for this fund.*

- **Benefits to Students:** *the degree to which the proposed initiative supports teaching excellence*
- **Community Need:** *the degree to which the proposed initiative overcomes existing obstacles to enhance accessibility, build rural capacity and better meet community needs*
- **Anticipated Outcomes:** *the degree to which the proposed initiative is learner focused and positively impacts the student experience, including successful career outcomes*

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ADDITIONAL INFORMATION – Add any other information to support the proposal to assist the Committee in assessing the merits of the application. List attachments if any.

PLEASE IDENTIFY ALL FUNDING SOURCES FOR THE PROPOSED INITIATIVE

SOURCE	AMOUNT	ACCOUNT CODE <i>(to be entered by Administrator or Fund Committee)</i>

SUPPORT - TO BE COMPLETED BY SUPERVISOR/SCHOOL CHAIR

Supported Departmental Funding: No Yes \$ _____

Supervisor / School Chair Name

Supervisor / School Chair Signature

Date

COMMITTEE USE ONLY

APPLICATION NUMBER: _____ Recommended Not Recommended **Total Approved:** \$ _____

Date Received: _____ Date Approved: _____

COMMENTS: