

AYA staff are allotted \$500 annually for wellness activities. These funds can be used for anything that promotes your personal and professional wellness. If you are interested in requesting funds for a specific activity, please submit this completed form to your direct manager for approval.

[Please note: Costs are reimbursed to staff by completing an AYA Reimbursement Form and submitting it to your supervisor within 30 days of the event.]

| Staff Name:  | Date:   |
|--|---|
| Direct Supervisor:   |   |
| Name of Training/Activity:   |   |
| Total Cost:  | Amount Requesting:                                      |
| How does this training or activity align                                   | n with the mission of AYA?                              |
| How will this training or activity benefing improvement and/or self-care)? | fit you professionally (either direct job related skill |
| Staff Signature:   | Date Approved:  |
| Amount Approved:   | SOI Offig below this line                               |
| If request was not approved or partial                                     | ly approved, please explain why:                        |
| Supervisor Signature:  |   |
| Upon completion, please update the Prof                                    | essional Development spreadsheet.                       |