



Personal Development Assistance Application

Employee name: _____

Name and type of activity: _____

Brief description of the activity

How does this benefit your wellbeing?

Approximate cost of the activity: _____

Employee: _____ Date: _____

This application is: Approved Disapproved per the Wellness Spending Account policy.

Library Director: _____ Date: _____

Board Chair: _____ Date: _____

