



**FY 2024-25 Staff Development Claim Form**

**Library Name:** \_\_\_\_\_

**Amount: \$ 1,000**

I hereby certify that the library named shall use these funds for Staff Development & Training Activities, or the software, subscription fee, and/or equipment needed to access online training. As the Director, I have the flexibility to determine my library's need at the local level.

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**Certification**

Signature: Teresa Johnson Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print Name*

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**The completed and signed Claim form can be submitted as a PDF attachment via email to: [NLSClaims@plpinfo.org](mailto:NLSClaims@plpinfo.org) or by mail with an original signed signature by December 31, 2024 to:**

**NorthNet Library System  
Attn: Accounting Dept.  
32 W. 25<sup>th</sup> Avenue, Suite 201  
San Mateo CA 94403**

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For Staff use:  
Approved By: Carol Frost

Signature: \_\_\_\_\_ Date: \_\_\_\_\_