

# Puyallup Education Support Professionals Association

## Professional Development Reimbursement Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Worksite Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Training / Class / Conference: \_\_\_\_\_

\_\_\_\_\_

Date & Location of training: \_\_\_\_\_

Total cost of reimbursement you are applying for: \_\_\_\_\_

Have you received previous reimbursement or funding from any other source for this class?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: The Puyallup Education Support Professionals Association will reimburse up to \$100.00 per school/fiscal year per member. It can be paid in one payment or for several trainings but may not exceed \$100.00.

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

Professional Development Committee Chairperson Signature:

\_\_\_\_\_

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