

INSTRUCTIONS:

1. Type or print in ink.
2. Submit the signed original to your Administrative Supervisor.
3. **If approved** by your Supervisor, forward to the EAEOP President along with the District's Travel Request form.
4. Once the EAEOP President approves, forward **both** forms to HR.
5. All signatories should retain a copy for their records.

EAEOP PROFESSIONAL FUND

Date _____

NAME _____ School/Dept/Position _____

RE: REQUEST TO ATTEND CLASS, CONFERENCE, CONVENTION, SEMINAR OR WORKSHOP

Funds may be used for some or all of the registration fees, tuition, materials, travel costs, substitute employee expenses, or other expenses related to the request.

CLASS/CONFERENCE/SEMINAR/WORKSHOP/CONVENTION INFORMATION:

Event/Class Name _____ Location _____
Amount Requested _____ Event Start Date _____ Event End Date _____
Reason for Training: _____

ADMINISTRATIVE SUPERVISOR REVIEW AND SIGNATURE

Per Section 14.6 of the Collective Bargaining Agreement:

"The application for use of these funds shall clearly state the purpose of the request and its relationship to the employee's current or future position with the District, e.g., technology certifications, software classes, or customer service training. The application must be endorsed with the signature of the employee's administrative supervisor attesting to the relatedness of the professional development to the employee's current or future position."

_____ Approved This training meets the intent of the Collective Bargaining Agreement for the reason/s stated below .
_____ Not approved This training does not meet the intent of the Collective Bargaining Agreement for the reason/s stated below .

Supervisor's Signature _____ Date _____

EAEOP REVIEW AND SIGNATURE

_____ Approved This training meets the intent of the Collective Bargaining Agreement for the reason/s stated below .
_____ Not approved This training does not meet the intent of the Collective Bargaining Agreement for the reason/s stated below .

EAEOP President's Signature _____ Date _____

BUDGET AUTHORITY_____ Approved (*not to exceed \$200*)

Amount _____
Director of Human Resources _____ Date _____

Account code: _____