

**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**

\_\_\_\_\_ **Amount:** \_\_\_\_\_  
Approved Not Approved (not to exceed \$200)

Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Account code: \_\_\_\_\_

cc: Employee  
EAEOP President

11/2020