

EAPTS Professional Development Reimbursement Request

Conferences/Workshops/Travel/Memberships/Professional Materials

Professional-technical staff members and the District mutually recognize the value and importance of on-going professional development. As such the District shall provide \$500 per member (based on membership July 1), annually for the voluntary professional development of professional-technical staff members. To access funds, professional technical staff members must annually submit a reimbursement request by June 30. Up to \$500 of these funds will be reimbursed as reimbursement after receipt and approval of the reimbursement application. If the fund has a remaining balance as of June 30, these funds will be distributed to any professional-technical staff member who submitted a request for additional funds by June 30. The remaining fund balance will be divided equally among such requests until fully expended but will not exceed the individual employee's request/approved reimbursement. Funds may be used for travel, workshop pay, licensure, certifications, continuing education, tuition, professional memberships, and professional materials and other professional development. This professional development should be designed to enhance professional knowledge and skills, support the district strategic plan, and school and district improvement plans. Members are required to follow district travel procedures for conferences, workshops, and travel per Board Policy 6213.

Tuition reimbursement may be considered taxable income by the IRS and will be processed through payroll.

Please check the appropriate box(es), provide a brief description of how the funds were used and submit this form with your proof of payment to the executive director of human resources. Include supplemental materials in order to provide detailed descriptions. If the funds will be applied to travel, EAPTS members will continue to follow the district established travel guidelines.

Name: _____ Date: _____

Employee ID: _____ School/Department: _____

☐ Conference/Workshop/Travel-Name/Date _____ Cost: _____

☐ Membership _____ Cost: _____

☐ Professional Materials _____ Cost: _____

☐ Tuition _____ Cost: _____

☐ Other _____ Cost: _____

Total Cost: _____

Employee's authorizing signature: _____

Supervisor's authorizing signature: _____

Office use only:

Funding verified: _____ Date: _____ Amount: _____

Budget Code: _____