

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: _____