NSEA Educational Support Professionals

Professional Development Fund Application Form

Name		Employee ID #	Application Date	
Job Title	School Site	Work Phone	Home/Cell Phone	
Class/Ev	vent	Date	Amount of Request	
Appro	val is determined by criteria in Article 26	Review Process 5.00 (p. 32) of the 19/22 NS	EA-NSD ESP Collective Bargaining Agreement.	
•	 Funding is provided for <u>REIMBURSEMENT</u> of tuition, registration, and sub costs <u>ONLY</u>. When attending PD events, <u>DO NOT INCLUDE</u> mileage, parking, meals, printed material, or any other costs. PD funds may be pooled by ESPs at a school to utilize PD instructors, provided a plan is submitted that describes who is participating, date(s) and time(s) of the PD event(s). Members who fail to attend or show proof of course completion will not be eligible for reimbursement. 			
The following criteria determine funding approval. Briefly explain how this experience applies to: • Your immediate job performance & future responsibilities • Enhancement of your professional growth, abilities, skills, and job-related interests • District needs				
	ner sources have you contacted to fund	-		
Princ	cipal/Building Budget Nurse Staff Dev	. Fund Special Educa	tion Teaching & Learning ELLOther	
	ERVE FUNDS PRIOR TO CLASS:			
•	Read and fill out this form completely. Attach a copy of the class information.			
•	Make copies of all info for your records.			
•	Send a copy to Robbi Reed at NSEA via e	email, <u>robbi.reed@washingt</u>	onea.org.	
FOR REI	IMBURSEMENT AFTER COMPLETION O		ilahla hara	
•	Fill out an on-line Travel & Expense Reim Scan the original payment receipt* AND/C	, ,		
			ent showing the charge highlighted	
•	Attach a scanned copy of your Certificate			
•	Send these three (3) documents to Robbi		robbi.reed@washingtonea.org.	
•	Keep copies of everything for your records	S.		
~All thre	ee documents, including the original T&	E with your signature, are	needed to process your reimbursement.	
Any questions please email Robbi Reed at robbi.reed@washingtonea.org or call/text 206-697-1021.				
EOF 1/2				
	FOR NSEA USE ONLY Date ReviewedReq. Amount Req. ApprovedSub. Approved Req. DeniedNotified			
Date Rev	riewedReq. AmountReq. A	ApprovedSub. Approved	Keq. DeniedNOtified	