NSEA Educational Support Professionals Professional Development Fund Application Form

Name		Employee ID #	Application Date
Job Title	School Site	Work Phone	Home/Cell Phone
Class/Event		Date	Amount of Request
		Review Process riteria in Article 25.00 (P. 23) of ontract language, go to www.ns	
Funding isFor attendPD funds participatiMembers	ne request for funds per member, up to provided for reimbursement of tuitioning PD events, it does NOT INCLUDE may be pooled by ESPs at a schong, date(s) and time(s) of the PD event who fail to attend or show proof of cousubmitted more than 90 days after the	n, registration, and sub costs O mileage, parking, meals, printed ool to utilize PD instructors, p c(s). urse completion will not be eligi	NLY. I material or any other costs. provided a plan is submitted that describes who is ble for reimbursement.
❖ Your i❖ Enhar	riteria determine funding approval. B mmediate job performance & future respo cement of your professional growth, abili t needs	onsibilities	
	rces have you contacted to fund this a	-	eaching & Learning ELLOther
ReadAttacMake	E FUNDS: Prior to class: and fill out this form completely. a copy of the class information. copies of all info for your records. a copy to NSEA Board Member and ES	SP PD Committee Chair Janet T	amura at Fernwood for approval.
Fill ofAttac(If paiAttac	JRSEMENT: After completion of ta T&E (Travel & Expense Reimburse the <u>original payment receipt*</u> OR a cod by credit card, send a copy of the creat a copy of your Certificate of Attendathese three (3) documents to Janet Ta	ment Form) available in the sch opy of the substitutes time she edit card statement showing th nce or other proof of class com	<u>et</u> e charge) <i>pletion</i>
~All three docu	ments, including the original T&E with	h your signature, are needed to	process your reimbursement.
Any questions	please email Janet Tamura at jtamura	@nsd.org	
FOR COMMITT	EE USE ONLY:		
Date Reviewe	d Req. Amount Req. App	rovedSub. Approved	Req. Denied Notified