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	
Approval is determined	d by criteria in Article 28.00	(p. 42-43) of the <u>23-25</u>	NSEA-NSD ESP Collective Bargaining Agreement.
 Funding is prov When attendin PD funds may participating, d Members who 	vided for REIMBURSEMENT g PD events, DO NOT INCLU be pooled by ESPs at a scho ate(s) and time(s) of the PD e	of tuition, registration, an <u>DE</u> mileage, parking, mol to utilize PD instructor vent(s) – please contact course completion will r	eals, printed material, lodging or any other costs. ors, provided a plan is submitted that describes who is ct Sarah Beeson for Purchase Order procedure. not be eligible for reimbursement.
	etermine funding approval. e job performance & future	Briefly explain how th	is experience applies to: Enhancement of your professional growth, abilities, skills, and job-related interests Sub Costs (if any)
What other sources have	ve you contacted to fund thi	s activity?	
	•	•	ation Teaching & Learning ELLOther
TO RESERVE FUNDS F	PRIOR TO CLASS:		
	ut this form completely.		
	of the class information. f all info for your records.		
	Sarh Beeson at sbeeson@ns	sd.org	
	AFTER COMPLETION OF C		
	ne Travel & Expense Reimbu	` ,	
	nal payment receipt* AND/OR id by credit card, send a copy		s time sneet nent showing the charge highlighted
	ed copy of your Certificate of		
 Keep copies of 	ee (3) documents to Robbi Reference (a) documents to Robbi Reference (b) documents to Robbi Reference (a) documents to Robbi Reference (b) documents to Robbi Reference (b) documents to Robbi Reference (a) documents to Robbi Reference (b) documents to Robbi Referen	eed at NSEA via email a	t <u>sbeeson@nsd.org</u> .
IF YOU REQUIRE A SUIAttach a scann	ʁ: ɪed copy of your substitute's si	gned blue timesheet	
	ncluding the original T&E wi entation will result in signifi		needed to process your reimbursement. Failure to sement.
Any questions please	email Sarah Beeson at <u>sbee</u>	son@nsd.org.	
FOR NSEA USE ONLY			
Date ReviewedF	Req. Amount Req. App	provedSub. Approved	d Req. DeniedNotified