

PROFESSIONAL ORGANIZATION REIMBURSEMENT REQUEST FORM (Certified Staff)

Employee Name _____ Position _____

School _____ Employee ID _____

Please complete this form to apply for reimbursement of professional organization costs. Funds are limited and will be reviewed, and dated, as requests are received by the Human Resources Department.

Once all criteria are met, professional organization reimbursements will be approved in the order of date received in the Human Resources Department until all funds are exhausted annually.

Criteria for reimbursement:

- Applicant must be a full time certified staff member.
- Applicant must demonstrate the professional organization is relevant to the employee's current assignment (shall not include union dues or fees).
- Applicant must provide the relevant professional organization membership form and proof of payment with the application for reimbursement.
- Reimbursement maximum is \$250.00 per year.

Failure to meet these criteria or deadlines may negate this request.

Name of Professional Organization: _____

Cost of Membership: _____

Membership Year/Dates included in membership: _____

Relevance to the employee's current assignment: _____

Employee Signature

Human Resources Director

Association President

Superintendent or Designee

Office use only: Date Request Form Received: _____

Approved _____ Denied _____