



Unifor Local 1990 Application for Professional Development Reimbursement

Send your completed application & supporting documents to pd@uniforlocal1990.com

Personal Information

First Name: _____ Last Name: _____

Personal Phone #: _____

Email address to be used for e-transfer of funds: _____

Job Information

Location/Department: _____ Job Title: _____

Employee ID number: _____ Supervisor Name: _____

Professional Development Activity Information

Name of Organization/School/Sponsor: _____

Description of Activity: _____

Activity Location: _____ Date(s): start: _____

Cost (activity fee only): _____ end: _____

Alternate Funding

Have you applied for funding from the District for this activity?

If yes, amount already reimbursed: _____ Date received: _____

Signature

Applicant Signature: _____ Date: _____

Supporting Documents

Receipt

Course Outline/Summary

Proof of Completion/Attendance

PD Office use only:

Eligibility

Signatures

Supporting Documents Received

Payment Amount:

Payment sent:

Payment Received: