



SOUTH KITSAP SCHOOL DISTRICT

SEIU Optional Professional Development Opportunities Reimbursement Application

(District related trainings only)

Name (Last, First): _____

Date: _____

Phone: _____

District e-mail: _____

Job Classification: _____

School/Loc: _____

Reimbursement Request for:

- ☐ Conference
☐ Workshop, Course, Seminar (Check all that applies)
☐ Technical Training ☐ Discipline Specific ☐ Off-Campus ☐ On-Campus ☐ Online
☐ Educational Materials (Please explain) _____
☐ Other _____

Briefly describe the professional development activity and attach copies of any brochures or related materials.

A. What: _____

B. Where: _____

C. When: _____

D. Why: *Provide a rationale for the activity and its relationship to the following: (Check all that apply)*

- ☐ School related ☐ Personal Plan ☐ Future Job Training ☐ Performance Goal Related

Rational: _____

Cost of activity:

1. Registration Fees: _____

2. Other Costs (Please be specific with, amount, and if PD funds are building, department or self-reimbursement):

3. Total estimated cost for entire activity (Required): \$ _____

4. Requested reimbursement amount (*total of \$600 per member per year allowed*): \$ _____

Criteria for Reimbursement of Funds:

1. Submit this completed application to your administrator or supervisor for signature.
2. Proposed conference, workshop, etc., must relate to professional / personal plan.



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3. Funds are allocated on a first come/first serve basis and may be used for class registration, materials.
 4. Individuals may only request funds for their own potential allocation.
 5. Upon completion of course, proof of attendance as well as receipts and proper documentation for all requested monies must be provided for reimbursement of funds **within thirty (30) days of completing your requested PD opportunity.**
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Your Signature _____ Date _____

Supervisor's Signature _____ Date _____

Human Resources Administrator _____ Date _____

Acct. Code _____ Amount Approved \$ _____