



REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS

NAME _____ **IEIN#** _____ **DATE** _____

PROF DEV TITLE _____

PROF DEV LOCATION _____

PROF DEV DATE(S) _____ **# PROF DEV DAYS REQUESTED** _____

Is a substitute required? NO YES If yes, date / time substitute is needed _____

INSTRUCTIONS

1. Request for Prof Dev Funds form is due to BHASED a minimum of **two weeks prior** to the event date.
2. Complete this entire form and submit to your direct supervisor for approval.
**** INCLUDE BROCHURE OR DEVELOPMENT DESCRIPTION WITH THIS FORM.**
3. Upon approval, a copy of this form will be returned to you indicating approved or noting conditions for approval.
4. After Approval - Employees will make and pay for approved hotel reservations.
5. Reimbursement – Submit completed Expense Reimbursement Form (separate form) including original itemized receipts within 30 days of professional development.

REGISTRATION (Select one of the two options)

BHASED will submit registration and pay for professional development.

EMPLOYEE will register & pay for professional development, then submit for Employee Reimbursement.

PROJECTED COSTS

Registration / Dues \$ _____

Mileage \$ _____ # of miles round trip _____ x \$0.56/mile

Accommodations \$ _____ Cost per night \$ _____ # Nights _____

Meals \$ _____

TOTAL \$ _____

EMPLOYEE SIGNATURE _____ **DATE** _____

BHASED OFFICE USE ONLY

Supervisor Approval _____ Date _____

Request Approved: YES NO Conditions for Approval _____

Director Approval _____ Date _____

SDS PD Budget Employee Copy Sent Personnel File Bookkeeping