



Application for Professional Development Reimbursement

MEMBER INFORMATION

Last Name:	First Name:
Location / Department:	Employee ID #:
Position Title:	District Email:
Phone #:	Status (Full or Part Time)

PROFESSIONAL DEVELOPMENT ACTIVITY INFORMATION

Title & Sponsor Organization:			
Brief Description of Activity:			
Activity Location:		Date(s):	
How does this activity directly relate to your current job role?			
Cost (Activity fee only):	\$	+ GST? \$	= TOTAL \$

Have you applied for funding from the District for this activity?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, amount received:	Date Received:	

AUTHORIZATION OF ACTIVITY

Applicant Signature	Date:
Supervisor's Signature	Date:

Send your COMPLETED application & SUPPORTING DOCUMENTS to uniforlocal1990@hotmail.com

***OFFICE USE ONLY ***

ITEM RECEIVED:	NOTES / COMMENTS:	DATE:	HR Contact Initials:
Application with Signatures / Eligibility			
Receipts provided			
Course Outline / Summary received			
Proof of completion / attendance received			
UNIFOR Education Bursary received?			
Payment Amount Approved:			
Finalized Reimbursement:			