

P3A PROFESSIONAL DEVELOPMENT REIMBURSEMENT APPLICATION

Allotments for reimbursement are from a shared pool of money set by contract; the pool is subject to depletion. A Travel Authorization (TA) form is required for all travel. Verification of attendance and receipts for costs paid are required for all reimbursement requests.

APPLICANT INFORMATION

Name:		Date of Application:	Click or tap to enter a date.
Employee I.D.		Agency:	
Position/Title:			
Home Address:			
City:		Zip Code:	
E-mail:			

PROFESSIONAL DEVELOPMENT (PD)

Training, Conference, Workshop Information

Name of PD Event:			
Location of PD Event:			
Date(s) and Time(s) of Attendance:			
Is this for Employee Initiated Training: Yes/No			

Please provide a description of the professional training along with supporting documents that includes fliers, web announcements, and conference details regarding workshop series, speakers, and certifications if applicable.

PROFESSIONAL DEVELOPMENT COSTS (Receipts are required for reimbursement)

Please provide an estimated cost for all applicable line items. Note: \$1,500 maximum per applicant/per fiscal year.

Expense Type	Cost
Registration Fee (Includes materials):	\$
Travel/Airfare:	\$
Rail/Bus:	\$
Taxi:	\$
Car Rental:	\$

P3A Professional Development Reimbursement Application

If you answer no to the question above, briefly explain how this activity will support your professional growth.

EMPLOYEE SIGNATURE

By signing below, the P3A employee attests that they have attended or plan to attend the conference described in this application for edification and professional growth as it pertains to employment with the State of Connecticut. The employee agrees to provide all required documentation and proof of attendance.

P3A employee's signature: _____ Date: _____

MANAGEMENT APPROVAL

By signing below, bureau/unit manager subscribes that the intent of this application is to support payment of expenses incurred by the above signed P3A employee's' access to professional development/conference/training which is otherwise unavailable to them.

Manager's name: _____ Title: _____

Manager's signature: _____ Date: _____

P3A PROFESSIONAL DEVELOPMENT COMMITTEE ACTION

Approval of this form prohibits the use of union funds to supplant agency required training and/or agency/grant funded training.

APPROVED DENIED by the PD Committee

P3A Union representative: _____ Date: _____

Management representative: _____ Date: _____