

Fund Request for Classified Exempt Staff



Professional Development

Educational Funds

Please review the Classified Exempt Personnel Policy Statement Section VI for information regarding application for use of funds.

Guidelines §300.1(1) states that the total amount available for partial or full payment in a fiscal year for each eligible classified exempt employee is limited to \$2,000. Funding is open to all regular classified exempt employees, including those acting in other positions.

Employee's name: _____ Pima ID (A number): _____
Print last name, first name, middle initial

Position title: _____ Position No.: _____ Phone No.: _____

Campus/department: _____ Email: _____ Mail code: _____

1. Are you currently performing in an "acting" capacity? No Yes *If yes, do not continue UNLESS your home position is a Classified Exempt Position. Please refer to Guidelines §500.1.*
2. On the date of this request for monies from the Classified Exempt Staff Professional Development Program, do you have any open trips for which a Travel Expense Report has yet to be filed in accordance with the College's travel policy?
No Yes *If yes, processing of this request may be delayed pending closing of any open trips.*

Please describe how the receipt of these funds would contribute to your professional growth and goals, and the value to your area of responsibility at the College **(provide information on additional sheets if needed):**

Name of event/class: _____ Location: _____ Dates: _____

FUND: _____ ORG: _____ PROGRAM: _____ TOTAL DOLLAR AMOUNT \$ _____

Requests are reviewed monthly by the Exempt Professional Development Work Group.

All reimbursement requests must be made during the fiscal year in which the activity occurs. Any balance at the end of the fiscal year will not carry forward.

I understand that if the final paperwork is not received by the Work Group Co-chair within two weeks after completion of the activity, the award will become null and void and the funds will be returned to the pool for distribution. If the funds are returned to the pool, I have the option to resubmit my request to the Work Group for review at its next regular meeting. I understand that submission of this form does not guarantee an award and funding approval does not constitute administrative approval for employee travel or professional development. I also have included copies of supporting documentation as required per the Classified Exempt Personnel Policy Statement Section VI.

Requestor's signature: _____ Date: _____

VALUE TO AREA OF RESPONSIBILITY - SUPERVISOR SUPPORT

Requests without supervisor's signature or Value to Area of Responsibility completed will not be reviewed by the Work Group.

Please indicate the value to the employee's area of responsibility, and how this activity will contribute to the goals of the department:

Supervisor's name: _____ Email: _____

I, the undersigned supervisor, have read, support and concur with the request stated above. I understand that any departmentally mandated training is the responsibility of the department and not eligible for funding under this program.

Supervisor's signature: _____ Date _____

FOR PROFESSIONAL DEVELOPMENT WORK GROUP USE ONLY

ACCEPTED Date: _____ **REJECTED** Reason: _____

Professional Enrichment Fund Award \$ _____ Formal Education Fund Award \$ _____

Portion of Funding Denied \$ _____

Exempt Professional Development Work Group member's signature: _____ Date: _____

Exempt Professional Development Work Group member's signature: _____ Date: _____

Co-Chair/ACES Treasurer's signature: _____ Date: _____