

PROFESSIONAL DEVELOPMENT REQUEST

Employee Services Agency
 Employee Development
 2310 N. First Street, Suite 102
 San Jose CA 95131

Check one: CEMA ACE 535W 535S Other _____
 (now 521)

Follow program guidelines found in your Union contract
 Travel out of the 48 contiguous states requires submission to Employee Development one week prior to travel date

Last Name	First Name	Initial	Employee ID # (on your paycheck)
Agency / Department Name			Position Title
PONY Address			Business Phone
Home (Mailing) Address	City	State	Zip

DESCRIPTION OF REQUEST:

(Attach a copy of any relevant programs, brochures, release time approvals, etc.)

Title of Event /Class: _____

Location, City, State, Hotel _____

Event/Class Beginning Date _____ Event/Class Ending Date _____

Relationship or Value of event to your job _____

	Estimated Cost	FOR COMMITTEE USE ONLY		
		Approved	Denied	Actual Expense
Registration Fees				
Travel Mode (If auto, round trip distance)				
Lodging-Number of nights				
Food (Per Diem)				
Other (Please Itemize)				
TOTAL				

If this request relates to a course, please indicate why the Tuition Reimbursement program cannot cover it. If denied by Tuition Reimbursement, or if your maximum has been exhausted, attach a copy of the Tuition Reimbursement form.

Employee Signature _____ Date _____

Manager's Signature _____ Date _____
 (Required for members of 521 who were formerly 535 and CEMA. CEMA members - manager's prior approval required)

PROFESSIONAL DEVELOPMENT COMMITTEE ACTION

() Request Approved () Request Denied

Claim # _____

Signatures _____
 Professional Development Committee Employee Services Agency Representative