



Request for Funding Plan Year 2019– 2020 (For use 7/1/19 to 6/30/20)

Date: _____ Name: _____ PERNR _____ Bureau: _____

Interoffice Address: _____ Work Phone: _____ Job Classification: _____
(Do not abbreviate job classification)

This Request is for: _____

At (location/institution/college/other): _____ Date(s) offered: _____

Amount of Funds Being Requested: _____

- 1. Does this request require time off during your regular work hours? YES (go to 1A) NO (go to 2)
- 1A. If yes, has your supervisor approved the time off? YES (go to 1B) NO

1B. Supervisor's name: _____

Signature (required): _____ Date _____

- 2. Does this request relate to your current position? YES NO

- 3. Are you in your initial probationary period? YES NO

If YES, provide the date your probation will be complete: _____

****Reimbursement will occur after the probationary period is successfully completed****

- 4. Please provide a **brief** explanation of how this request directly benefits you and the City. Use either the space here or a separate sheet of paper.

PLEASE READ: All requests must be accompanied by a copy of the following as appropriate: the official class or training description, seminar announcement, book or tape description from catalogue, professional registration renewal or professional association renewal request. All documentation in support of this request must include the description, location, dates and costs. Failure to provide documentation will delay consideration of your request. This agreement obligates the employee to attend the seminar, training or course and to achieve a passing grade and to use the funds as described and approved on the original Funding Request submitted. The employee must obtain and keep proof of attendance or completion, and, if not provided with the Reimbursement Request, must submit it upon completion of the approved seminar, training, or course. **If your request is being paid for by your bureau, do not submit a request for funding**

EMPLOYEE READ CAREFULLY: By signing this form, I certify that I have or will use the funds as approved by the PROTEC17 PDF Committee in support of the approved funding request. In the event that I do not attend the seminar, complete and pass the school course, otherwise use the funds as intended, or I receive reimbursement for the approved funding request from another source (for example: such as a grant or scholarship, etc.), I agree to reimburse the PROTEC17 PDF within 30 days by either Personal Check or Money Order. In addition, by signing this form, I further agree that I have not or will not receive reimbursement directly or indirectly from the City of Portland or any other source for the same expenses requested in this Reimbursement Request

Employee Signature:

Date:

For Committee Use Only

PDF Committee Action: Approved _____ Amount \$ _____ Disapproved _____

COPPEA

CITY

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

For City Use Only

BHR Approval

Name: _____ Signature: _____

Date: _____ Amount Paid _____

SCAN AND EMAIL COMPLETED FORMS WITH DOCUMENTATION TO: protec17profdevfund@portlandoregon.gov
or interoffice to BHR, 122/550, Attn: HR-PROTEC17 PDF