



CITY OF PORTLAND PROFESSIONAL EMPLOYEES ASSOCIATION

COPPEA Professional Development Fund (CPDF)
Request For Funding



Plan Year 2016 – 2017 (For use 7/1/16 to 6/30/17)

Date: Name: PERNR Bureau:

Interoffice Address: Work Phone: 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 [] (go to 1C)

1B. Supervisor's name: Signature (required): Date:

1C. Please explain how you will be able to attend if time off is not approved.

[Empty box for 1C response]

2. Does this request relate to your current position? YES [] (go to 2A) NO [] (go to 2C)

2A. Is this request for funds in addition to Bureau approved funding? YES [] (go to 2B) NO [] (go to 2C)

2B. If Bureau funding is approved, what is the amount? \$

2C. If Bureau funding has not been approved, what was the reason given?

[Empty box for 2C response]

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 ends**)

4. Please provide a brief explanation of how this request has a direct benefit to you and the City. Use either the space here or a separate sheet of paper. (Your explanation should be no longer than 1 typed page.)

[Empty box for 4 response]

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.

Employee Signature:

Date:

For Committee Use Only

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

COPPEA CITY

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Scan and email completed forms with documentation to: HR - COPPEA Professional Development Fund
coppeaprofdevfund@portlandoregon.gov or interoffice to BHR, 106/404, Attn: COPPEA PDF