



CITY OF PORTLAND PROTEC17

Professional Development Fund (PDF)



BHR BUREAU OF HUMAN RESOURCES

Request for Funding Plan Year 2023 – 2024 (For use 7/1/23 to 6/30/24)

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 to1B) NO

1B. Supervisor's name: _____

Signature (required): _____ Date _____

- 2. Does this request relate to your current position? YES NO
- 3. **Have you completed 90-days of service with the City?** YES NO

If NO, provide the date your 90-days will be completed: _____

****Reimbursement will occur after the 90-days is successfully completed****

- 4. Please provide an explanation of how this request directly relates and benefits you and the City **in your current position**. Use a separate sheet of paper.

(Employee go to page 2)

For Committee Use Only

PDF Committee Action: Approved <input type="checkbox"/>	Amount \$ _____	Disapproved <input type="checkbox"/>
PROTEC17	CITY	
Name: _____	Name: _____	
Signature: VIA Email <input type="checkbox"/>	Signature: VIA Email <input type="checkbox"/>	
Date: _____ Time _____	Date: _____ Time: _____	

For City Use Only

BHR Administrator Approval

Name: _____ Signature: _____
Date: _____ Amount Paid _____

Taxability Review

Is this request Taxable? If yes, please select all criteria which apply:

- 1. This education maintains or improves skills needed in the job. YES NO
- 2. The education is required by the employer or by law for the employee to keep their present salary, status, or job. YES NO
- 3. Is needed to meet the minimum educational requirements of the employee's current job. YES NO
- 4. Is part of a program of study that will qualify the employee for a new occupation. YES NO

PDF Committee Reviewer Name: _____ Date: _____
VIA Email

SCAN AND EMAIL COMPLETED FORMS WITH DOCUMENTATION TO: protec17profdevfund@portlandoregon.gov

PROTEC17PDFRequestForm_06232023

EMPLOYEE PLEASE READ CAREFULLY:

- 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 from the appropriate organization's web page.
- 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.
- The employee cannot seek reimbursement through the bureau and must provide proof of payment.
- By signing this form, I certify that I have or will use the funds as approved by the PROTEC17 PDF Committee in support of and is related to my current position.
- 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 confirm that I understand that only non-taxable trainings will be considered and approved (Tax Criteria (Publication 15b "training for skills related to current position not for promotion)).
- 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.



Print Name: _____ **Date** _____



Employee Signature _____