

## **CLASSIFIED PROFESSIONAL DEVELOPMENT (CPD) REIMBURSEMENT REQUEST**

Funds are provided by the Classified Professional Development Team – they are not Union bargained funds.

_				
NAMEOFFICE PHONE			L# E-MAIL	
FTI	E:	ess than .50	Past your initial trial service: Yes No	
1.	0		h documentation of your estimated costs instead. lyer, brochure, or class registration)	
2.	2. Reimbursement goes to (check one):  □ Employee □ Department → FOAP to be reimbursed:			
3.	Purpose of Funding (choose from dropdown list):			
4.	Total Expected Cost: (minus financial assistance that does not need to be repaid by you or your department)  Note: Award amounts will not exceed person/department term and/or annual limits			
5.	Dates of Activity:		Location:	
6.	. <b>ESSAY QUESTION (1 paragraph):</b> How will your request benefit both you and the College on a professional level? (use a separate sheet of paper if you need more space)			

## **EMPLOYEE AGREEMENT:**

☐ By checking this box I agree to the following: this request is either work-related or will benefit the college in a professional capacity. It is not a requirement for my job by contract. For activities occurring during my normal working hours, I have made arrangements with my manager and he/she has authorized my attendance.

## Submit via email to <a href="mailto:CPDT@lanecc.edu">CPDT@lanecc.edu</a>