



# Unifor Local 1990 Application for Professional Development Reimbursement

Send your completed application & supporting documents to [pdadmin@uniforlocal1990.com](mailto:pdadmin@uniforlocal1990.com)

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Personal Phone #: \_\_\_\_\_

Email address to be used for e-transfer of funds: \_\_\_\_\_

## Job Information

Location/Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee ID number: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

## Professional Development Activity Information

Name of Organization/School/Sponsor: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Activity Location: \_\_\_\_\_ Date(s): start: \_\_\_\_\_

Cost (activity fee only): \_\_\_\_\_ end: \_\_\_\_\_

## Alternate Funding

Have you applied for funding from the District for this activity?

If yes, amount already reimbursed: \_\_\_\_\_ Date received: \_\_\_\_\_

## Signature

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Supporting Documents

Receipt

Course Outline/Summary

Proof of Completion/Attendance

*PD Office use only:*

Eligibility

Signatures

Supporting Documents Received

Payment Amount:

Payment sent:

Payment Received: