



HSD Professional Growth Form – Teamsters 2

As described in Article XVIII in the contract between **Highline Public Schools & Teamsters 2 Local Union No. 763**, members of the local can be reimbursed for professional growth expenses to improve their skill sets for up to a maximum of \$1,500.00 per employee per year, subject to a district limit of \$27,000. Any funds remaining at the end of the year shall be disbursed equally to employees whose requests have been granted, but were not fully funded up to the \$2,000 limit. Year is described as September 1 of the current school year to August 31.

Please attach all receipts to this application.

EMPLOYEE INFORMATION	
Employee Name:	
Address:	
Work Phone Number:	Employee ID Number:
Name of Supervisor:	
Date:	

CLASS INFORMATION			
Course or Workshop Title /No.			
Location of Course/ Workshop		Dates of Class	
		to	
Cost of Class		Travel Costs	
Tuition		Lodging	
Registration		Meals	
Supplies		Travel (mileage, parking fees)	
Materials		Other Ex. (<i>itemize on back</i>)	
CDL Renewal			
<i>Total:</i>		<i>Total:</i>	
	\$		\$
<i>Grand Total:</i>		<i>Grand Total:</i>	
			\$

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.	
<i>Applicant's Signature:</i>	<i>Date:</i>

<input type="checkbox"/> Approved – Department Director will notify employee in writing and submit paperwork to Human Resources for budget approval AND the PGC for tracking.	
<input type="checkbox"/> Denied – Department Director will notify employee, PGC, the Union, and the Executive Director of Human Resources.	
<i>Department Director Signature:</i> _____	
<i>Date:</i>	<i>Amount Approved:</i> \$
<i>HR/Budget Approval Signature:</i>	
<i>Date:</i>	<i>Budget Number :</i> 9765-14-81-5722

ITEMIZED EXPENSES WORKSHEET	
Materials/Supplies (Must be Itemized)	Actual Amount
<i>Total Amount of Materials:</i>	
<i>Total Reimbursable Amount*:</i>	

****Total Reimbursable Amount should match Page 1
 RECEIPTS REQUIRED***

Reimburse Employee. Mail check to: _____

Pay directly to Vendor: _____

Vendor Address: _____