



# HSD Professional Growth Approval Form - Executive Assistants

As described in Executive Assistants **Salary Schedule**, Executive Assistants are eligible for up to \$500.00 annually plus three days at \$175.00 per day per person\*, per contract year to cover costs related to approved professional growth activities.

***For approval and reimbursement, please attach all registrations and/or receipts to this application.  
If a purchase order has been utilized, please include a copy of the completed PO.***

\*Professional Growth Day stipends will be paid following participation in the professional growth activity. The Professional Growth Day Stipend Form must be submitted to payroll for payment, please attach this form to your Professional Growth Day Stipend Form.

Employee Information	
Employee Name:	
Address:	
Name of Supervisor:	
Work Phone Number:	ID Number:

Description of Activity (including dates and location)	
Description:	
Date:	Location:

Cost of Activity		Travel Costs	
Registration		Lodging	
Supplies		Mileage	
Materials		Airfare	
		Other Ex. (itemize on back)	
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Provide Full Day/Half Day information if Professional Growth Day(s) will be claimed.			
Full Day/Half Day	Date(s)	Number of Days	Total
Full Day(s) @ \$ 175.00 ea.			\$
Half Day(s) @ \$ 87.50 ea.			\$
<b>Total</b>			<b>\$</b>
<b>Grand Total of Professional Growth Request \$</b>			

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.	
<b>SIGNATURE OF APPLICANT</b>	<b>DATE:</b>
<b>Supervisor's Signature:</b>	<b>DATE:</b>
<b>Human Resource Signature:</b>	<b>DATE:</b>
<b>Budget Number : 0324- (21 or 31)- 81-5722      Amount Approved: \$</b>	

**Please send completed form and all supporting documents to Human Resources.  
Questions, please call (206) 631-3008.**

