

SVAPA/SVSD Professional Growth Fund Reimbursement

Name _____

Date _____

Job Title _____

School/Dept _____

Email _____

Each bargaining unit member is eligible for reimbursement of tuition or registration costs associated with classes that provide professional development opportunities up to \$150.00 per registered or actively enrolled member per year.

- Receipts for reimbursement must be attached to this document.
- Guidelines for reimbursement are the same as SVSD guidelines; receipt must be itemized or a copy of bank statement for payment verification required.
- In lieu of registration fees, hours may be reimbursed. Hours will be paid at your hourly rate of pay plus benefits.
- Verification from class instructor or online receipt must be presented with this form.
- Submit form to Human Resources within a month of class completion.

Option 1: Class Registration

Name of Activity _____

Date _____

Cost (attach receipt) _____

Option 2: Hours in Class

Hours in Class (Instructor or online verification must be attached) _____

Mileage (reimbursed at IRS rate) _____

Employee Signature _____

Date _____

Submit form to Human Resources

-----For Office Use Only-----

Item	Qty	Rate	Total
Class Registration Fee			
OR Hours in class + benefits			
Mileage			
		Total Reimbursement	

SVAPA Approval Signature _____

Date _____

District Approval Signature _____

Date _____

Account Code:

- ☐ 10 E 530 0100 31 7330 1079 0200 0069 1 For training, non-tuition
- ☐ 10 E 530 0100 31 8580 1079 0200 0069 1 For Travel
- ☐ 10 E 530 0100 31 3130 1079 0200 0069 1 For extra hours for PG