TIGARD-TUALATIN SCHOOL DISTRICT 23J

2026-27 Professional Educator Fund (PEF) Application

**Please refer to the 2026-27 PEF Information document for details. https://www.ttsdschools.org/Page/10093*

Name: _____ Tel #: _____ Date: _____

Home Address for Reimbursement: _____

Licensed Assignment: _____ Licensed FTE: _____ Building: _____

Incomplete forms will be returned.

A **INSTRUCTIONAL SUPPLIES OR SCHOOL-RELATED EXPENSES** **Total Expenses $ _____**

Payment (select one): Reimbursement ☐ Used School/Dept P-Card ☐ District to Order ☐

Purchase explanation/justification (ex: lab supplies, math project, student incentives)**:** _____

_____

Note: Reimbursements subject to delay if acceptable proof if payment is not included.

B **PEF ABSENCE** Date of absence: _____ **Cost of PEF Absence $_____**

Make selections below and give them to the building attendance secretary. You must also enter into Aesop.

☐ PEF Professional Development FULL Day (more than 4 hrs) ____ with Sub $254.33 ____ withOUT sub $0

☐ PEF Professional Development HALF Day (4 hrs or less) ____ with Sub $127.66 ____ withOUT sub $0

**Funds will be deducted from PEF balance the week after absence.*

C **PROFESSIONAL DEVELOPMENT** *Brochure, agenda & receipt **must be attached**.

Name of Conference/Workshop _____

Location: _____ Date(s): _____

How does this professional development support professional targets, building and/or District goals? How will you share information with others? Attach a written explanation if necessary. _____

_____

Registration Completed? **Yes** ☐ **No** ☐ (If no, bookkeeper will register) **Registration Fee $ _____**

Payment: Reimbursement ☐ School/Dept P-Card ☐ Need District to pay ☐

Associated Materials**:** _____ **Materials Expense $_____**

Payment: Reimbursement ☐ Used School/Dept P-Card ☐ District to Order ☐

D **TRAVEL** *Travel booking instructions on PEF Information - Exhibit A

Lodging Cost $ _____ Flight Cost $_____ Ground Transportation $_____

Baggage Fees $ _____ Other Costs $ _____ **Total Reimbursement Expenses $ _____**

Does this PEF request include Additional PEF Funds Request? **Total PEF Application Amount $ _____**

Yes ☐ **No** ☐ If yes, attach HR-approved request form.

Per IRS Code 26 CFR 1.62, all reimbursement requests must be received within 60 days. Requests submitted beyond 60 days will not be reimbursed.

***Applicant's Signature:** _____ **Date**: _____