



**OSEA STAFF DEVELOPMENT
FUND APPLICATION**
Medford School District Classified Employees



EMPLOYEE INFORMATION

Employee Name: _____
Position _____
Work Location: _____
Email: _____ **Phone:** _____

PROFESSIONAL DEVELOPMENT ACTIVITY

Title of Activity: _____
Provider/Organization: _____
Activity Date(s): _____

Request Type:

- | | |
|---|--|
| ☐ Certification/Licensure | ☐ Professional Membership |
| ☐ Conference/Workshop/Training | ☐ Coursework |
| ☐ Group Professional Development | ☐ Other: _____ |

FUNDING REQUEST

Total Cost: \$ _____ **Amount Requested: \$** _____

Expense Category:

- | | |
|--|--|
| ☐ Registration Fee | ☐ Training Materials |
| ☐ Tuition | ☐ Substitute Employee Costs |
| ☐ Certification/Licensure Fee | ☐ Other: _____ |

PROFESSIONAL GROWTH STATEMENT

How will this activity improve your effectiveness in your current position and benefit students, staff, or District operations?

REQUIRED DOCUMENTATION:

- | | |
|--|---|
| ☐ Registration Information | ☐ Proof of Payment (if reimbursement is requested) |
| ☐ Course Description/Activity Information | ☐ Proof of Completion (if applicable) |
| ☐ Invoice, Quote, or Cost Estimate | ☐ Other Supporting Documentation |

APPLICANT CERTIFICATION

I certify that the information provided is accurate and that the requested funds will be used solely for the professional development activity described above.

Applicant Signature: _____ Date: _____

LABOR MANAGEMENT TEAM USE ONLY

Date Received: _____ ☐ Approved ☐ Approved with Modification ☐ Denied

Amount Approved: \$ _____ Comments: _____

OSEA Representative: _____ Date: _____

District Representative: _____ Date: _____

Submit completed applications and supporting documentation to the OSEA Chapter President and/ or Assistant Director of Human Resources.