

**APPLICATION FOR PRIOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES
AFSCME – LOCAL 2480**

Reimbursement of expenses for professional development activities is administered under the conditions specified on the reverse side of this application.

Completed and approved applications should be forwarded to the designated HR Generalist. This form is for planning and approval purposes only. It does not replace the travel authorization process which must also be followed, when appropriate.

Applicant Name _____ Title _____

Professional Development Activity: (description of coursework to include course title, credit hours, and relationship of the course to the job; conference; or professional membership)

Estimated Cost:

Transportation _____ Hotel _____ Meals _____

Course tuition _____ Fees _____

Registration Fee _____ Personal Mileage _____

Tax _____ Gratuities _____ Other _____ Total _____

Describe how this will improve your knowledge and skills relative to your position:

Describe the benefit to the college:

Applicant signature _____ Date _____

PD Committee Recommendation:

Request Denied _____ Request Approved in the Amount of \$ _____

_____ Committee Chair Signature Date _____

President/Campus CEO (or designee):

Request Denied _____ Request Approved in the Amount of \$ _____

_____ President/Campus CEO (or designee) Signature Date _____

Notification to Employee: _____
Date _____

Professional development funds are intended to be utilized for tuition & fees for course work relevant to the member's employment; conference, seminar, and workshop fees relevant to the member's employment; professional memberships relevant to the member's employment; and related travel.

Approval of this form and/or an approved Travel Authorization Form does not require reimbursement at the full level requested if it exceeds the prescribed limits.

Reimbursement for meal expenses while bargaining unit members are traveling on business for the college or system shall be the actual amount spent on meals not to exceed \$100 per day (receipted) to include the cost of meals, tax, and gratuity.

In addition, a taxable \$5.00 lump sum payment may be provided if authorized out-of-state travel is for a period of two full working days. The same amount may be authorized for each additional period of two full working days.

**REQUEST FOR REIMBURSEMENT OF TUITION AND FEES
FOR COMPLETED COURSES (AFSCME)**

REIMBURSEMENT OF TUITION AND FEES IS AVAILABLE AS FOLLOWS:

1. For courses related to the employee's job and/or courses required for a degree which is related to the employee's job, for which prior approval was received.
2. Completed requests for reimbursement should be submitted to the designated HR Generalist.
3. The request must include proof of payment and successful completion of the course(s) with a grade of "C" or better.
3. The combined maximum for reimbursement of tuition and fees **per semester** reimbursement is \$5130 for full-time bargaining unit members. Tuition reimbursement is for tuition and fees for approved courses only.
4. Applicants will be informed regarding approval/denial of the request for reimbursement, and whether the payment is considered as income for tax purposes.

PART A: TO BE COMPLETED BY THE EMPLOYEE

NAME: _____ TITLE: _____

CAMPUS: _____

COURSES FOR WHICH REIMBURSEMENT OF TUITION AND FEES IS SOUGHT:

Semester: _____

Course Title	Credit Hours	Tuition	Fees
TOTALS		\$ _____	\$ _____

AFFIDAVIT IN SUPPORT OF REQUEST FOR TUITION REIMBURSEMENT:

By this statement I affirm that the courses listed above for which I request tuition reimbursement were completed by me with a grade of "C" or better and have been fully paid. Proof of payment and successful completion of the course(s) with a grade of "C" or better is attached.

I understand that it is the responsibility of the employer to determine in each case whether tuition reimbursement must be reported to the Internal Revenue Service as taxable income to me. I further understand that the decision of the employer is based upon the following standards:

- (1) tuition reimbursement for courses taken to maintain or improve skills needed in my current position need not be reported to the Internal Revenue Service as taxable income, and that
- (2) tuition reimbursement for courses that are either necessary to meet the minimum requirements for my current position, or that are taken as part of a program of study which will qualify me for a new trade or business, whether or not I am seeking a new job, must be reported to the IRS.

In accordance with the definitions above, it is my belief that the course(s) for which reimbursement is requested here are reportable (____); non-reportable (____) (check one). I understand that the employer will make an independent judgment on the reportability of any approved reimbursement and that this judgment shall not be subject to challenge in any grievance process.

Employee Signature: _____ Date _____

PART B: TO BE COMPLETED BY THE EMPLOYER

Reimbursement: Approved _____ (Taxable _____ Non-taxable _____)

Denied _____ Authorized signature: _____

**CONFIRMATION OF ALLOTTED
AFSCME PROFESSIONAL DEVELOPMENT FUNDS**

AFSCME professional development funds are allocated to merged CT State campuses at the beginning of each fiscal year. Campuses are responsible for ensuring that all allotted funds are expended for this purpose and reporting on expended and unexpended funds each year. Please complete and submit this form to HR prior to the fiscal year-end.

CAMPUS NAME _____

FISCAL YEAR _____

PLEASE COMPLETE ELECTIONS BELOW AS APPROPRIATE:

_____ **This certifies that the campus expended all AFSCME Professional Development funds that were allotted this year.**

_____ **This certifies that the campus did not expend all AFSCME Professional Development funds that were allotted this year. Total funds expended this year were \$ _____.**

Prepared by _____
Name Title Date