

## **Guidance on AFT Professional Development Forms**

### **Application for Approval of Professional Development Activities**

A standard form has been developed for bargaining unit members to request prior approval of professional development activities. Please note that the bottom of the professional development application form is to be used to record the professional development committee's recommendation (denied or approved) and the specific amount which has been recommended by the committee. The Campus President/CEO should indicate his/her decision, including the amount approved, at the bottom of the form.

### **Application for Reimbursement of Approved Professional Development Activities**

A standard form has been developed for bargaining unit members to request reimbursement of approved activities. The form reiterates deadlines for reimbursement and documents the nature of the reimbursement and whether the employee provides documentation of the expenses. The bottom of the Request for Reimbursement form has been designed to track the reimbursement at each step of the process from receipt of the form to the processing of the payment. The notes section of the form should be used to record pertinent information about the request like whether the request for reimbursement was submitted without appropriate receipts.

### **Confirmation of Allotted AFT Professional Development Funds**

A standard form has been developed for campuses to confirm the expenditures of AFT PD funds allotted this year including the use of up to \$8000 of PD funds for Nursing/Allied Health Refreshment Leave.

### **AFT Professional Development Application Log**

A standard form has been developed for logging requests for approval of professional development activities including the name of the applicant, description of the activity, the date of the activity, the amount requested, amount recommended by the committee, and the amount approved for reimbursement by the CT State President/Campus CEO (or designee).

**APPLICATION FOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES  
AFT BARGAINING UNIT**

Reimbursement of expenses for professional development activities is administered under the conditions specified on the reverse side of this application. Completed applications should be forwarded to the designated HR Generalist. This form is for planning and prior approval purposes only. It does not replace the travel authorization process, which must also be followed when applicable. Reimbursement of expenses is subject to completion of a request for reimbursement and timely submission of appropriate documentation of expenses. Approval of this form and/or a Travel Authorization Form does not ensure reimbursement at the full level requested if sufficient contract dollars are not available.

APPLICANT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

Description of Professional Development Activity:
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Describe how this activity relates to your position and will improve your knowledge and skills, and how this activity benefits the applicant and the campus.
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Estimated Cost
Transportation: \$ _____ Hotel \$ _____ Meals \$ _____
Registration Fee \$ _____ Personal Mileage \$ _____
Tax \$ _____ Gratuities \$ _____ Professional Dues \$ _____
Tuition \$ _____ Fees \$ _____ Other \$ _____
<b>Total Requested: \$ _____</b>

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)

## REQUEST FOR REIMBURSEMENT OF APPROVED PROFESSIONAL DEVELOPMENT ACTIVITIES FOR AFT BARGAINING UNIT MEMBERS

**This form is to be used to request reimbursement of approved professional development activities for AFT bargaining unit members. A copy of the approved professional development application and appropriate documentation of expenses must be submitted with this request for reimbursement.**

Employees must request reimbursement of professional development activities immediately following completion of the activity. To the extent possible, reimbursements will be processed in accordance with the schedule noted below. Timely reimbursement is contingent upon completion of required forms and submission of adequate documentation of expenditures.

- Requests for reimbursements received on or before December 1 will be processed with the last full pay period in December.
- Requests for reimbursements received on or before June 1 will be processed with the last full pay period in June.

APPLICANT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

### REIMBURSEMENT REQUEST DETAIL ATTACHED

### EXPENSE DOCUMENTATION

Transportation	\$ _____	_____ Yes	_____ No
Hotel	\$ _____	_____ Yes	_____ No
Meals	\$ _____	_____ Yes	_____ No
Registration Fee	\$ _____	_____ Yes	_____ No
Personal Mileage	\$ _____	_____ Yes	_____ No
Sales Tax	\$ _____	_____ Yes	_____ No
Gratuities	\$ _____	_____ Yes	_____ No
Professional Dues	\$ _____	_____ Yes	_____ No
Tuition	\$ _____	_____ Yes	_____ No
Fees	\$ _____	_____ Yes	_____ No
Other	\$ _____	_____ Yes	_____ No

Total Reimbursement Requested: \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BUSINESS OFFICE/PAYROLL OFFICE USE ONLY

Date request for reimbursement received: \_\_\_\_\_

Request for reimbursement reviewed by: \_\_\_\_\_  
Name date

Notes:

Amount approved for reimbursement: \$ \_\_\_\_\_

Payment processed with \_\_\_\_\_ - \_\_\_\_\_ payroll period; \_\_\_\_\_ check date

### CONFIRMATION OF ALLOTTED AFT PROFESSIONAL DEVELOPMENT FUNDS

AFT 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 AFT Professional Development funds that were allotted this year.**

\_\_\_\_\_ **This certifies that \$8,000 of PD dollars were used for a Nursing/Allied Health Refreshment leave.**

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

**Prepared by** \_\_\_\_\_  
Name Title Date

