English Language and Culture & Interpretation and Translation Programs
Professional Development Application Form

Section A: To be completed by applicant

Employee Name _____

Department _____ Email _____

Employee ID# _____ Local _____

DESCRIPTION/ITEMIZATION OF ELIGIBLE EXPENSES

_____

_____

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_____

_____

REQUESTED AMOUNT $ _____

_____ _____

Signature of Applicant Date

*** PLEASE SUBMIT THIS FORM TO THE PDF COMMITTEE ***

Section B: To be completed by the PDF Committee

Amount approved $ _____

Approved by: _____ Date _____

The information on this form is collected under the authority of the University Act (R.S.B.C. 1996, C.468, S27(4)(a) and the ELC/ ITP Professional Development Fund Policy. The information is related directly to and needed by the University to process professional development expense claims. The information will be used to issue reimbursement to employees.