



# CITY OF PORTLAND- DCTU

Professional Development Fund (PDF)



## Request for Funding Plan Year 2024-2025 (For use 7/1/24 to 6/30/25)

Date: \_\_\_\_\_ Name: \_\_\_\_\_ PERNR \_\_\_\_\_

Bureau: \_\_\_\_\_ Interoffice Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Job Classification: \_\_\_\_\_  
(Do not abbreviate job classification)

This Request is for: \_\_\_\_\_

At (location/institution/college/other): \_\_\_\_\_ Date(s) offered: \_\_\_\_\_

Amount of Funds Being Requested:

1. Does this request require time off during your regular work hours?  YES (go to 1A)  NO (go to 2)

1A. If yes, has your supervisor approved the time off? YES (go to 1B)  NO

1B. Supervisor's name: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date \_\_\_\_\_

2. Does this request relate to your current position?  YES  NO

3. Are you in your initial probationary period?  YES  NO

If NO, provide the date your probation will be complete: \_\_\_\_\_

**\*\*Reimbursement will occur after the probationary period is successfully completed\*\***

1. Please provide a **brief** explanation of how this request directly benefits you and the City. the City **in your current position**. Use a separate sheet of paper. (Employee go to page 2)

### For Committee Use Only

PDF Committee Action: Approved  Amount \$ \_\_\_\_\_ Disapproved

**DCTU** Name: \_\_\_\_\_ **CITY** Name: \_\_\_\_\_

Signature: VIA Email  Signature: VIA Email   
Date: \_\_\_\_\_ Time \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### For City Use Only

#### BHR Administrator Approval

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Amount Paid \_\_\_\_\_

### Taxability Review (City & Committee Use Only)

Is this request Taxable? If yes, please select all criteria which apply:


1. This education maintains or improves skills needed in the job. YES  NO
2. The education is required by the employer or by law for the employee to keep their present salary, status, or job. YES  NO
3. Is needed to meet the minimum educational requirements of the employee's current job. YES  NO
4. Is part of a program of study that will qualify the employee for a new occupation. YES  NO

PDF Committee Reviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
VIA Email

SCAN AND EMAIL COMPLETED FORMS WITH DOCUMENTATION TO: [HR - DCTU Professional Development Fund](#)

**EMPLOYEE PLEASE READ CAREFULLY:**

- All requests must be accompanied by a copy of the following as appropriate: the official class or training description, seminar announcement, book or tape description from catalogue, professional registration renewal or professional association renewal request from the appropriate organization's web page.
- All documentation in support of this request must include the description, location, dates and costs. Failure to provide documentation will delay consideration of your request.
- This agreement obligates the employee to attend the seminar, training or course and to achieve a passing grade and to use the funds as described and approved on the original Funding Request submitted. The employee must obtain and keep proof of attendance or completion, and, if not provided with the Reimbursement Request, must submit it upon completion of the approved seminar, training, or course.
- The employee cannot seek reimbursement through the bureau and must provide proof of payment.
- By signing this form, I certify that I have or will use the funds as approved by the DCTU PDF Committee in support of my current position.
- In the event that I do not attend the seminar, complete and pass the school course, otherwise use the funds as intended, or I receive reimbursement for the approved funding request from another source (for example: such as a grant or scholarship, etc.), I agree to reimburse the DCTU PDF within 30 days by either Personal Check or Money Order.
- In addition, by signing this form, I further confirm that I understand that only non-taxable trainings will be considered and approved (Tax Criteria (Publication 15b "training for skills related to current position not for promotion)).
- I further agree that I have not or will not receive reimbursement directly or indirectly from the City of Portland or any other source for the same expenses requested in this Reimbursement



<p><b>Print Name:</b> _____ <b>Date</b> _____</p> <p><b>Employee Signature</b> _____</p>
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