



EPDA Application Form

Reset Form

Section A - Application *(completed by Staff Member)*

Employee Name _____

Employee ID _____

Program/Dept _____

Current Position _____

What is the benefit/relevancy of this Learning Assignment, Educational Material or Professional Membership Fee? *(max of 200 characters)*

Workshop/Conference/Seminar

Title _____ Dates to
MM/DD/YYYY MM/DD/YYYY

Location _____ Number of days Absent _____

Costs						
Registration	Accommodation	Materials	Other	Food	Travel	Total

Educational Course i.e. Degree, Certificate

Course Title _____ Dates to
MM/DD/YYYY MM/DD/YYYY

Institution _____

Costs		
Registration	Materials	Total

Time off if applicable to
MM/DD/YYYY MM/DD/YYYY

Educational Material (Subscriptions to Professional Journals, Educational Software, Reference Material, Textbooks)

Description of Materials _____

Total Cost _____

Professional Membership Fee (Fees paid to a professional association not covered under Section 35 of the Agreement)

Description of Materials _____

Total Cost _____

Is this Application in conjunction with Program Funding? Yes No If Yes, amount _____

Applicant Signature _____

Date _____

Submit application to work unit supervisor and out of scope leader for authorization.

Section B - Authorization

To be completed by Work Unit Supervisor & out of scope leader (Associate Dean, Manager, Director)

Signature indicates that activity is relevant to the Program/NAIT initiatives and operation needs will be met allowing the staff member to engage in PD activity. Support does not imply full funding. Approved Denied

Work Unit Supervisor Signature _____

Date _____

Out of Scope Leader _____

Date _____

Application to be returned to Staff Member

Section C - Expense Claim

Scan and attach to the on-line Travel and Expenses process.