



2022-2023

**CLASSIFIEDEMPLOYEE
PROFESSIONAL EDUCATION PROGRAM (PEP) FUND REQUEST**
Eugene Public Schools/Oregon School Employees Association

NOTE: Inquire about available site funds first. Up to two requests may be made each school year. Maximum fund payment is \$500 per person, per school year. Requests are processed on a first-come, first-served basis.

Name: _____ Employee #: _____ Date: _____

Bldg/Dept: _____ Job Title: _____

4J email address: _____ Work extension or home phone: _____

Date of Class/Workshop: _____ Class/Workshop Title: _____

Class/Workshop Brief description:

I am including class/workshop flyer or other back-up documentation.

List Expenses:

Note: Employees must obtain principal/supervisor permission to attend all PEP fund eligible professional development. The building/department is responsible for in-house or substitute coverage. Requests for substitutes should use the *Building Professional Development/Activity code in AESOP*.

Check one option for payment:

I am requesting payment for expenses I've already paid. The payment will be on my paycheck, listed under "Reimbursements." **I have attached a paid receipt or copy of the cancelled check.**

I am requesting reimbursement for a District Credit Card. Name of card holder _____
I have attached a paid receipt (when approved, a reconciliation account number will be emailed to the card holder)

I am requesting payment be made directly to the vendor. I understand that I must submit this request **at least four weeks before the registration deadline of the event, and give the following information:**

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

**Send Completed Form To: Sally
Duerfeldt- Education Center**

Office Use Only

PO (Pay to vendor at above address) District Credit Card Reconciliation Payroll Payment (to employee)

Order #: _____ PO #: _____ Date Processed: _____

Amount Approved: _____ Account # **100-766-2641-000-766-00000-00000-5245000**

Approved by OSEA: _____ Date: _____

Approved by District: _____ School Year: _____ / _____

