

**MISSION STATEMENT:**

To improve and enhance the job skills and performance of classified employees.

**PURPOSE AND INTENT:**

The fund's purpose is to provide training and professional growth programs and courses that are designed to improve and enhance the job skills of classified employees, related to their current job assignment, within the bargaining unit.

**OPERATING PROCEDURES:**

- Professional Growth Fund Applications will be available on the district website: For Staff/District Forms for Staff
- **Completed application form and class/workshop description, including cost/fee,** must be submitted to the committee chairperson at least ten (10) working days prior to the date of the activity, including administrator/supervisor section (see application).
- Incomplete applications will be returned via email.
- Approval of the application will be determined by a majority of seven (7) PSE members, one (1) district administrator, and one (1) member of the district's Finance Department. There must be a minimum of five (5) PSE members and one (1) member from District Office voting on each application.
- The committee will vote to approve/deny all requests via email within three (3) working days of submission.

The Professional Growth Committee will operate in accordance with the current PSE Contract, Article XIV, Professional and Personal Growth Training.

**CRITERIA FOR APPROVAL:**

- Request must be a workshop/seminar or a non-credit class.
- Must be a current, actively working member, at the time of the Workshop/Class.
- Limit of three hundred dollars (\$300) annually per person per school calendar.
- Application form(s) must be submitted no less than ten (10) working days prior to attending the workshop/seminar or class to the committee chairperson by email.
- Submission must be submitted no later than April 30 to be paid with the building P-Card or purchase order.
- Submissions submitted and approved between May 1 - June 1, for summer workshop/seminars, must be paid by the PSE member and be reimbursed after the course is completed by submitting the reimbursement form (Form #6213F1).

**LATE REQUEST:**

If a PSE member would like to request Professional Growth Funds, but the completed request does not meet the minimum (10 days prior to training) requirement, the PSE member may submit a LATE REQUEST. Written rationale must accompany the application for Professional Growth Funds. Since this will require the committee to expedite the process to approve or deny, there is no guarantee the committee will be able to act on the application prior to the training.

**REQUEST TO CHALLENGE:**

If a PSE member disagrees with the decision of the Professional Growth Committee, the member may submit a written request to have the committee meet again to review the request. The PSE member may also provide additional documentation to support the member's request for funds.

**BUDGET:**

The district administrator and the committee chairperson will supply a monthly report of expenditures and balance to the district and the PSE membership. An end-of-the-year report will be submitted to the district and the PSE membership.

**REGISTRATION/PAYMENT:**

- After committee approval, it is the employee's responsibility to register for the course/workshop.
- Payment arrangements are to be made with your building fiscal secretary for the course/workshop that has been approved by the committee.
- All requests for reimbursement (Form 6213F1) must be turned in to the Finance Department at District Office no later than August 31. *If mileage was approved by the committee at the time of your submission, you are responsible for submitting a reimbursement form.*



To complete this form electronically,  
it must be opened in *Adobe Reader!*

# PSE Staff Professional Growth Fund Application

Under the direction of Arlington Public Schools

School Year

Employee Name

Position/Title

Building/Department

Title of Workshop/Class

Location  Date(s)

Rationale for Request

Tuition/Course Fee  Transportation Cost: Miles driven  x \$.575 per mile (Current IRS rate)=

Total Amount Requested  *(IRS rates are subject to change in January and June of each year)*

Sub Needed?  Yes  No Date(s) & Time

Late Submission  Yes  No Rationale   
*(Less than 10 days prior)*

**Employee's Signature** \_\_\_\_\_ Date

**Administrator and/or Supervisor:**

I am aware of this request and agree that it will be beneficial to this employee and to the district. Comments:

*If a substitute is required, I agree to pay for the substitute from account #*

**Administrator's and/or Supervisor's Signature** \_\_\_\_\_ Date

**Committee Chairperson:**

Tuition fee approved  Account code

Mileage approved (NOT to exceed)  Account code

Denied Reason

**Committee Chairperson's Signature** \_\_\_\_\_ Date

Date received complete application

**Return completed form and workshop/class information/description to the committee chairperson at least ten (10) working days prior to the date of the workshop/class by email.**