

Name	CEP Program
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Center for Educational Partnerships
Professional Development Activity (PDA) Funding Request
2007-08 (10/18/07)

Please discuss your plans with your immediate supervisor. Complete all appropriate sections of the form, sign it, secure all appropriate signatures, and return it to Human Resources Manager Sue Sanders.

I received PDA funding from CEP in
2005-06? Yes No
2006-07? Yes No

I am applying for
(Please check only one category)

- Position-Related Activity** **Career-Enrichment Activity**

State your objective and clarify why the request fits into the category that you checked:

How do you plan to accomplish your objective? Provide details below.

- | | |
|--|---|
| <input type="checkbox"/> Course Enrollment | <input type="checkbox"/> Degree Certificate/Program |
| <input type="checkbox"/> Cross Training | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Other _____ | |

State your ideas/plans for applying the knowledge, skills, experience to your position and/or career that you expect to receive upon completion of the activity. Please be specific.

Duration of Plan

From: _____ Through: _____

Location of Activity: _____

Hours Per Week

(COMPLETE THIS SECTION FOR POSITION-RELATED ACTIVITIES ONLY)

If this a **position-related** activity, will this activity occur during your work hours? Yes No

If yes, is release time being requested? Yes No

Indicate the number of hours per week _____

Are you requesting an alternate work schedule? Yes No

If yes, explain.

NOTE: career-enrichment activities are not eligible for release time or alternate work schedule.

Funding

I am requesting funding for the following:

Projected Expenses

Registration/Tuition/Enrollment Fee _____

Books/Supplies _____

Other (explain) _____

Total Projected Expenses _____

Have you explored alternative methods of funding your activity? Yes No

If yes, indicate other means of funding this activity.

Have you requested funding from your program or from other UC Berkeley sources, i.e. fee-reduction program? Yes No

If yes, specify source and amount.

Approval Signatures

EMPLOYEE

I understand that if CEP funds my request and I do not satisfactorily complete my activity (by presenting the PDA Committee with certification of completion or a transcript), my PDA activity expense(s) will not be reimbursed.

Employee _____ Date _____



SUPERVISOR

This employee meets the criteria for satisfactory performance. Yes No

This employee has fulfilled his/her probationary period. Yes No

FOR POSITION-RELATED REQUESTS

I have read this request and agree that the nature of this development activity is relevant to the employee's position.

Unless there is a significant change in workload circumstances or performance, I approve

release time **alternate work schedule** noted by the employee for this activity in the "Duration of Plan" section of this form.

If not approving release time and/or alternate work schedule, indicate why _____

Supervisor _____ Date _____



PROGRAM DIRECTOR

I concur with the supervisor's approval of the release time and/or alternate work schedule noted by the employee for this activity in the "Duration of the Plan" section of this form.

I do not concur with supervisor's approval because _____

Program Director _____ Date _____

FOR COMMITTEE USE ONLY

APPROVED

AMOUNT

Registration/Tuition/Enrollment Fees	_____
Books/Supplies	_____
Other	_____
TOTAL AMOUNT	_____

DENIED

Reason(s): _____

Marsha Jaeger, CEP Director

Date