



# Professional & Technical Employees Local 17

## Professional Development Fund Application

### Applicant Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Are you a current member? ☐ YES ☐ NO

Did you join PROTEC17 before October 2020? ☐ YES ☐ NO

*If yes, please resubmit [our membership application](#) with your Professional Development Application. Due to changes in federal law, we have updated the language on our membership application and are trying to update our member records with this new form. The new application changes nothing about your dues or membership status - it is solely for our records. If you're unsure, please fill it out anyway.*

### Funding Request

For what activity are you requesting funds? \_\_\_\_\_

When and where does this activity take place? \_\_\_\_\_

Amount of funds being requested (**up to \$200**): \_\_\_\_\_

Does this request relate to your current position? ☐ YES ☐ NO

Does this request require time off during your regular work hours? ☐ YES ☐ NO

If yes, has your supervisor approved the time off? ☐ YES ☐ NO

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### Funding Request (cont.)

Please provide a brief explanation of why you are requesting funds and how the request will benefit your career and/or current job.

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### Application Checklist

Qualified recipients will be selected on a first-come, first-served basis. All eligible members are encouraged to apply. **Requests must be accompanied by the following items.** Failure to provide documentation will delay consideration of your request. Due to financial restrictions, **we cannot reimburse for travel costs or for student loan payments.**

- ☐ A completed application for the PROTEC17 Professional Development Fund;
- ☐ A copy of the official class, seminar, conference, or training description;
- ☐ A copy of the confirmation of your registration for the class, conference, etc.;
- ☐ An itemized receipt showing your payment for the class, conference, etc.; and
- ☐ The new [PROTEC17 membership form](#) (for members who joined before Oct. 2020).

### Signature

By signing this form, you agree to use the funds as approved by PROTEC17 for the approved funding request only. In the event you do not use the funds as intended, you agree to reimburse the PROTEC17 Professional Development Fund for the full amount.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this completed form and your supporting documentation by email to [union@protec17.org](mailto:union@protec17.org) or by mail to Professional & Technical Employees Local 17, c/o Professional Development Fund, 2900 Eastlake Ave. East, Suite 300, Seattle, WA 98102.