



CITY OF PORTLAND PTE-17

Professional Development Fund (CPDF)



Request for Funding Plan Year 2017 – 2018 (For use 7/1/17 to 6/30/18)

Date: 8/8/17 Name: Sandeep Sagar PERNR: BTS Bureau: BTS
Interoffice Address: _____ Work Phone: 5038235188 Job Classification: Application Analyst II

This Request is for: PMI Membership

At (location/institution/college/other): Online Date(s) offered: 1 yr duration

Amount of Funds Being Requested: \$139

1. Does this request require time off during your regular work hours? ☐ YES (go to 1A) ☒ NO (go to 2)
1A. If yes, has your supervisor approved the time off? ☐ YES (go to 1B) ☐ NO

1B. Supervisor's name: _____

Signature (required): _____ Date: _____

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

3. Are you in your initial probationary period? YES ☐ NO ☒

If YES, provide the date your probation will be complete: _____

****Reimbursement will occur after the probationary period is successfully completed****

4. Please provide a **brief** explanation of how this request directly benefits you and the City. Use either the space here or a separate sheet of paper.

I want to be PMP Certified. PMI membership offers many resources in addition to providing a big discount for PMP exam.

All requests must be accompanied by a copy of the following as appropriate: the official class or training description, seminar announcement, book or tape description from catalogue, professional registration renewal or professional association renewal request. All documentation in support of this request must include the description, location, dates and costs. Failure to provide documentation will delay consideration of your request. This agreement obligates the employee to attend the seminar, training or course and to achieve a passing grade and to use the funds as described and approved on the original Funding Request submitted. The employee must obtain and keep proof of attendance or completion, and, if not provided with the Reimbursement Request, must submit it upon completion of the approved seminar, training, or course.

EMPLOYEE READ CAREFULLY: By signing this form, I certify that I have or will use the funds as approved by the PTE-17 PDF Committee in support of the approved funding request. In the event that I do not attend the seminar, complete and pass the school course, otherwise use the funds as intended, or I receive reimbursement for the approved funding request from another source (for example: such as a grant or scholarship, etc.), I agree to reimburse the PTE-17 PDF within 30 days by either Personal Check or Money Order. In addition, by signing this form, I further agree that I have not or will not receive reimbursement directly or indirectly from the City of Portland or any other source for the same expenses requested in this Reimbursement Request

Employee Signature: Sagar

Date: 8/2/17

For Committee Use Only

PDF Committee Action: Approved _____ Amount \$ _____ Disapproved _____
COPPEA CITY
Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

For City Use Only

BHR Approval

Name: _____ Signature: _____
Date: _____

SCAN AND EMAIL COMPLETED FORMS WITH DOCUMENTATION TO: HR – PTE-17 Professional Development Fund
HR - PTE-17 Professional Development Fund or interoffice to BHR, 106/404, Attn: HR-PTE-17 PD