



CITY OF PORTLAND PROFESSIONAL EMPLOYEES ASSOCIATION



COPPEA Professional Development Fund (CPDF)  
Request For Funding

Plan Year 2016 – 2017 (For use 7/1/16 to 6/30/17)

Date: 11/8/2016 Name: Sandeep Sagar Bureau: BTS  
Interoffice Address: Work Phone: 503 823 5188 Job Classification: Application Analyst III  
This Request is for: Lynda.com Premium Membership  
At(location/institution/college/other): On line  
Amount of Funds Being Requested: \$359.88

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 ☐ (go to 1C)

1B. Supervisor's name:

Signature (required):

Date:

1C. Please explain how you will be able to attend if time off is not approved.

2. Does this request relate to your current position? YES ☒ (go to 2A) NO ☐ Submit Manager's approval with the request for Committee Review (Go to 2A)

2A. Is this request for funds in addition to Bureau approved funding? YES ☐ (go to 2B) NO ☐ (go to 2C)

2B. If Bureau funding is approved, what is the amount? \$ 359.88

2C. If Bureau funding has not been approved, what was the reason given?

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

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

4. Please provide a brief explanation of how this request has a direct benefit to you and the City. Use either the space here or a separate sheet of paper. (Your explanation should be no longer than 1 typed page.)

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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.

Employee Signature:

Sign Here

Date: 11/8/2016

Sign Here

For Committee Use Only

PDF Committee Action: Approved

COPPEA

Amount \$

CITY

Disapproved

Name:

Name:

Signature:

Signature:

Date:

Date:

Scan and email completed forms with documentation to: HR - COPPEA Professional Development Fund

[coppeaprofdevfund@portlandoregon.gov](mailto:coppeaprofdevfund@portlandoregon.gov) or interoffice to BHR, 106/404, Attn: COPPEA PDF