



Professional Development Allowance—Non-College Development Opportunities

Allowance applies only to professional development started and completed *after* July 1, 2007.

Maximum yearly allowance is \$1,500.00 (July 1–June 30).

Note: You MUST provide both a copy of the bill and proof of payment.

Last Name (Please Print)	First Name	MI	Work Location	Employee ID (10 Digits)
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Quarter	Year	Title of License/Seminar/Program	Location
July–Sept.			
Oct.–Dec.			
Jan.–March			
April–June			

Were funds provided from AACPS for all or part of the expenses incurred in taking this course, seminar, or program?

No Yes If yes, how much \$ _____ Source of funds: _____

Eligible for Reimbursement

- Registration fees for job-related, skill-development programs that result in professional licensure, continuing education units (CEUs), or a certificate of completion

Not Eligible for Reimbursement

- Venues where no CEUs are received
- Programs not related to job functions
- Travel expenses (mileage, transportation cost, per diem)
- Lodging
- Written, digital, or electronic materials not covered in registration fees

- I have: completed all sections of the form and signed and dated in the space below, and
- attached a copy of the bill/invoice/credit card statement showing cost and proof of payment, and
- attached proof of license/seminar/program completion, and
- attached a copy of the pre-approval form with supervisor’s signature

NOTE: There are four reimbursement periods throughout the year: October, December, March, and June. All paperwork must be received by Human Resources by the 15th of the month preceding the reimbursement month. In the event of an overpayment, AACPS/Human Resources reserves the right to remove the overpayment from an employee’s subsequent paycheck.

Reimbursement WILL NOT be processed without ALL required documentation.

Signature (required)	Date (required)	<i>If you have any questions, contact the Division of Human Resources at 410-222-5078.</i>
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Pre-Approval for Professional Development Allowance

Last Name (Please Print)	First Name	MI	Work Location	Employee ID (10 Digits)
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I. Description of License/Seminar/Program

Title _____

Description _____

Location _____

Dates _____

License/Professional Designation awarded? Yes No

If yes, title of License/Professional Designation: _____

II. Justification of this Professional Development Activity

Explain how this license/seminar/program relates to and will improve your work function

III. Approval of Supervisor

Approved _____(initials)

Not Approved _____(initials)

Leave slip provided

Supervisor's Signature	Print Name	Date
Division Head's Signature	Print Name	Date

I understand that this pre-approval form must be submitted when requesting reimbursement for the license/seminar/program opportunity. I agree to complete a Professional Development Allowance Form and submit all required materials to the Human Resources Certification Department when program is complete and proof of attendance/CEU or license is received.

Employee's Signature	Date
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