



Application for Training/Professional Certification Reimbursement

Member Name: _____ Date: _____

Department: _____ Division: _____

Select employment status:

- Permanent/Probationary Full-time
- Permanent/Probationary Part-time
- Permanent/Probationary Full-time Seasonal
- Permanent/Probationary Part-time Seasonal

If seasonal, specify active season dates: _____

Select the applicable training category per policy:

- A. Career Enhancement
- B. Job-Related
- C. Professional Certification

Describe Training: _____

Cost: \$ _____ Completion Date: _____

***Be sure to attach training description, training cost information, a receipt or cancelled check, and proof of satisfactory completion of training.**

Member Signature

Date

Supervisor Signature

Date

For CEA Use Only:

- Member in Good Standing
- CEA Policy Approved Training
- Proof of Satisfactory Completion

Prior Training Reimbursement Description & Amount Reimbursed: Y N

Approved Denied

Reimbursement Amount: \$ _____