



**CLASSIFIED EMPLOYEE  
PROFESSIONAL EDUCATION PROGRAM (PEP) FUND REQUEST**  
Eugene Public Schools/Oregon School Employees Association

**NOTE: Inquire about available site funds first. Submit only one request each school year. Maximum fund payment is \$200 per person, per school year.**

*Fill out form online and print, or print blank form and clearly fill out by hand.*

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Bldg/Dept: \_\_\_\_\_ Job Title: \_\_\_\_\_

4J email address: \_\_\_\_\_ Work extension or home phone: \_\_\_\_\_

Date of Class/Workshop: \_\_\_\_\_ Class/Workshop Title: \_\_\_\_\_

Class/Workshop Brief description:

List Expenses:

**Check one option for payment:**

I am requesting payment for expenses I've already paid. The payment will be on my paycheck, listed under "Reimbursements." **I have attached a paid receipt or copy of the cancelled check.**

I am requesting payment be made directly to the vendor. I understand that I must submit this request **at least four weeks before the registration deadline of the event, and give the following information:**

Vendor Name: \_\_\_\_\_

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

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

**Send Completed Form To Human Resources**

**Office Use Only**

PO (Pay to vendor at above address)

Payroll Payment (to employee)

Order #: \_\_\_\_\_ PO #: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Account # **100-766-2641-000-245**

Approved by OSEA: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by District: \_\_\_\_\_ School Year: \_\_\_\_\_ / \_\_\_\_\_