



CAIRO AMERICAN COLLEGE

HUMAN RESOURCES DEPARTMENT PROFESSIONAL DEVELOPMENT ACTIVITY

PROFESSIONAL DEVELOPMENT FUNDS

PROFESSIONAL LEAVE REQUEST FORM

2020-2021

Application Process

- * Departing faculty members are expected to use their PDF funds by **December 31st**.
- †* Complete this application in full (Section I-VI) & include information regarding your PDF activity.
- †* Meet with your Principal/Supervising Administrator to explain how this activity will benefit you, the students and CAC prior to submitting this form.
- †* After your Principal/Supervising Administrator has approved and signed the application, please submit this packet to the Human Resources Office (HR) for processing.
- * You are responsible for all reservations and confirming your place at the PDF activity. You are also responsible for making your own travel arrangements and accommodation.
- †* Once your application is processed (allow one business week), your funds will be ready for you to collect from the Cashier or transferred to your account as stated in the form.
- †* Upon completion of your activity, you will be responsible for clearing your PD funds by completing an “Advance /Liquidation Request Form” (available on the CAC Intranet) and submitting the completed form and all original receipts to the Accounting Office. Be sure to include the conversion rate of the relevant currency at the time of the transaction, if your expenses were not in US \$ or LE.

NOTE: PDF forms are processed as soon as they are received by the HR Office. Please submit form 2 weeks prior to the date that the funds are required.

I. ID NUMBER _____

NAME OF APPLICANT _____

II. ACTIVITY DETAILS

Type of activity: Conference ___ Workshop ___ Course ___ Other ___

If other, please specify: _____

Name of activity: _____

Location of activity: _____

Date/s of activity: _____

I am using PDF to purchase Professional Development Materials:

Type of Materials: Books ___ Journals ___ CD ___ Other ___

If other, please specify: _____

I am using Study and Observation benefit for transportation (applicable to Local hire PSMs only)

III. ESTIMATED EXPENSES

	Amount	Description
1	_____	Tuition/Registration: <input type="checkbox"/> I will pay for Tuition/Registration and get reimbursed by CAC. <input type="checkbox"/> Please pay Tuition/ Registration directly and I have attached full payment & transfer details.
2	_____	<u>Transportation</u> (Please check one) <input type="checkbox"/> Please pay Thomas Cook directly from my PDF. <input type="checkbox"/> Please pay Thomas Cook directly from my Study and Observation benefit. <input type="checkbox"/> I will purchase the ticket and get reimbursed at CAC's best quoted rate.
3	_____	Hotel (room charge only)
4	_____	Per Diem \$60.00 per conference outside of Egypt per day plus 2 travel days (Your per diem allowance is meant to cover costs from arrival: taxi or ground transport to and from the airport; other ground transportation fees; meals, tips, and other incidental expenses such as dry cleaning, laundry, phone use, Wi-Fi charges, and entertainment in connection with the performance of duties for CAC while traveling.
5	_____	Other (please be specific)
	_____	Total in U.S dollars
	_____	Total in other currencies if applicable

TOTAL AMOUNT TO BE PAID (For HR office use only)

IV. METHOD OF PAYMENT

- Local Bank Check (L.E.) Local Bank Check (USD)
- US Bank Check Electronic Payment (available only if you receive your salary by wire transfer)

NOTE: Local bank checks (CIB) may only be deposited /cashed within Egypt. If you plan to cash/deposit your PDF check outside of Egypt, you must request a US bank check.

V. FUNDS REQUESTED

No Funds Requested

PDF 18-19 (Funds are available for activities beginning prior to 6/30/19.)

19-20 (Funds are available for activities beginning prior to 6/30/20.)

NOTE: If your scheduled activity occurs on July 1, 2020 or thereafter, you may use 19/20 and 20/21 funds. 18/19 funds will no longer be available as of July 1, 2020.

Professional Development Funds Available (For HR office use only)

Year _____ Amount \$ _____ Year _____ Amount \$ _____ Total \$ _____

I will be receiving funds (supplementary funding) from:

Department Name _____ Department # _____ Line # _____

Budget Year _____ Amount _____

Supplementary fund budget Manager (Item V)

Date

VI. REQUEST FOR LEAVE

Notes to the applicant:

- Please inform the subbing coordinator at least two days prior to your planned absence if a substitute is requested.
- An absence of four hours or more will be considered as a full day, less than four hours is considered a half day.
- You do not need to complete a separate Request for Leave Form.
- You cannot combine PD days with Personal days (see policy # 5.3092).

PLEASE CHECK ONE

Professional

Other _____

(Please specify)

Leave is requested for the following day(s): _____

Expected to return to work on: _____

Substitute requested

(If yes please contact the subbing coordinator directly) _____ Yes _____ No

REMAINING LEAVE DAYS (For HR office use only)

Professional _____ Other _____

VII. APPROVALS

Applicant's Signature

Date

Principal/Administrator's Signature

Date

HOS's Signature (if required)

Date