



# CAIRO AMERICAN COLLEGE

## HUMAN RESOURCES DEPARTMENT PROFESSIONAL DEVELOPMENT FUNDS (PDF) REQUEST FORM SUPPORT STAFF 2020 – 2021

### Application Process:

- Complete this application in full (Section I-V) & include information regarding your PDF activity. Include your signed and approved request for leave form (if applicable).
- 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.
- Upon completion of your activity, you will be responsible for clearing your PD funds by completing an "Advance/Liquidation Form" (available on the CAC Intranet) and submitting the completed form and all original receipts to the Accounting Office.
- If your expenses were not in US\$ or LE, be sure to include the conversion rate of the relevant currency at the time of transaction.

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

**EMPLOYEE ID NUMBER:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### I. 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: \_\_\_\_\_

**II. ESTIMATED EXPENSES**

- | Amount    | Description   |
|-----------|---|
| (1) _____ | Tuition/Registration  |
| (2) _____ | <u>Transportation</u> (Please check one)<br><input type="checkbox"/> Please pay Travel Choice directly from my PDF<br><input type="checkbox"/> I will purchase the ticket and get reimbursed at CAC's best quoted rate  |
| (3) _____ | Hotel (room charge only)  |
| _____     | Per Diem \$60.00 per conference outside of Egypt per day plus 2 travel days   |
| (4) _____ | (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)  |
| _____     | <b>Total in U.S dollars</b>   |
| _____     | <b>Total in other currencies if applicable</b>  |

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**III. METHOD OF PAYMENT**

- Local Bank Check (LE)       US Bank Check       Local Bank Check (USD)

**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 HSBC check.

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**IV. FUNDS REQUESTED**

- PDF**       18 - 19 (funds are available for activities beginning prior to 6/30/21)  
 19 - 20 (funds are available for activities beginning prior to 6/30/22)  
 20 - 21 (funds are available for activities beginning prior to 6/30/23)

**Note:** If your scheduled activity occurs July 1, 2020 or thereafter, you may use 18/19 + 19/20 + 20/21 funds. 17/18 funds will no longer be available.

**Professional Development Funds Available** (For HR office use only)

Year \_\_\_\_\_ Amount \$ \_\_\_\_\_ Year \_\_\_\_\_ Amount \$ \_\_\_\_\_ Year \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

- I will be receiving additional funds (supplementary funding) from:**

Department Name \_\_\_\_\_ Department # \_\_\_\_\_  
Line # Budget Year \_\_\_\_\_ Amount \_\_\_\_\_

**Supplementary fund budget Manager ( Item IV)** \_\_\_\_\_

V. **REQUEST FOR LEAVE**

**Notes to the applicant:**

- Please contact the permanent substitute directly at least two days prior to your planned absence if a substitute is requested.
- An absence of more than four hours will be considered as a full day, four hours or less 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).

**PLEASE CHECK ONE**

**Professional** \_\_\_\_\_  **Other** \_\_\_\_\_  
(Please Specify)

Leave requested for the following day(s): \_\_\_\_\_

Expected to return to work on: \_\_\_\_\_

**Substitute requested**

(If yes please contact the permanent sub directly or person in charge of casual labor)

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**REMAINING LEAVE DAYS** (For HR office use only)

Professional \_\_\_\_\_

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VI. **APPROVALS**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Immediate Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal/Administrator's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supplementary fund budget  
Manager's Signature (Item III)**

\_\_\_\_\_  
**Date**