



**Employee Development Fund (EDF) Reimbursement Request Form**  
*For employees represented by Union of American Physicians and Dentists (UAPD) only*

Instructions:

1. All employees must complete this pre-approval form, including supervisor's signature, prior to incurring expenses reimbursable from the EDF.
2. Please log into your account via the CCSF Online Tuition Reimbursement Process webpage located at <http://sfdhr.org/online-tuition-reimbursement-process> to verify that you have sufficient funds in your EDF balance to cover the requested amount. You will be reimbursed for the full amount approved by the Department of Human Resources if there are sufficient funds remaining in both your individual account **and** the UAPD annual allotment (or Supplemental Training Fund, if applicable).
3. Scan and upload this completed form. Complete your pre-approval request pursuant to the online submission instructions. (A Frequently Asked Questions document to help you navigate the system can be found at <http://sfdhr.org/modules/showdocument.aspx?documentid=23886>).
4. After you submit your completed pre-approval request, you will be notified via email regarding your pre-approval status. Once pre-approved, please proceed to complete the class/training/etc.
5. Upon completion of your course or purchase of your expense, please log into your online tuition reimbursement account and submit a reimbursement request for final payment. Final approval requires supporting documentation that justifies the tuition/conference/expense, **as well as an itemized receipt and itemized proof of payment bearing the requester's name**. Purchases cannot be made with a business account or gift card. All requests for reimbursement for course tuition/conference fees must be accompanied by evidence of successful completion, expense receipts (including any travel and/or lodging related expenses) and any program/conference description.

**UAPD pre-approves all requests on a strictly pro forma basis to facilitate reimbursement. Doctors are responsible for verifying the eligibility of their expense by reviewing the Employee Development section of the UAPD contract.**

**I. Employee Information**

Print Name ( <i>last, first</i> )	DSW No.	Date of Request
Home Address	City, State, Zip Code	Daytime Telephone
Department No., Name, and Division		
Job Class No. and Title		

*(NOTE: employees must also indicate average number of hours they work per week if less than 40.)*

**II. Employee Development Information**

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| <input type="checkbox"/> Course Tuition/Registration Fees<br><input type="checkbox"/> External Training Programs<br><input type="checkbox"/> Internal Training: DHR Workforce Development programs<br><input type="checkbox"/> Hand-held Device (limited to one per fiscal year)<br><input type="checkbox"/> Travel Expenses (rates as specified in Controller's travel reimbursement guidelines) | <input type="checkbox"/> Professional Conferences<br><input type="checkbox"/> Professional Association Memberships<br><input type="checkbox"/> Professional Software<br><input type="checkbox"/> Books and/or Subscriptions |
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Description of course, training program, conference, association membership, or other professional items (i.e., hand-held devices, professional software, books and/or subscriptions). Medical license and DEA registration fees are not reimbursable from the EDF.

Amount to be Reimbursed	Start Date: Course/Conference/Membership <i>(if applicable)</i>	End Date: Course/Conference/Membership <i>(if applicable)</i>
Employee's signature	Work Phone	Date
Supervisor's signature	Work Phone	Date