

**UNIVERSITY OF OREGON**  
**PROFESSIONAL DEVELOPMENT OPPORTUNITY FUND REQUEST FORM**

**INSTRUCTIONS**

Please review the Professional Development Opportunity Fund [policy and guidelines](#) prior to submitting a request for funds.

PLEASE ATTACH BOTH OF THE FOLLOWING TO THE REQUEST: Copy of receipt(s) and copy of flier, workshop announcement or class registration form.

Completed forms should be returned to Human Resources through campus mail, or fax 541-346-2548, or by email to [hrinfo@uoregon.edu](mailto:hrinfo@uoregon.edu). If you have questions regarding the fund, please email [hrinfo@uoregon.edu](mailto:hrinfo@uoregon.edu).

Date: \_\_\_\_\_ Employee Name (printed): \_\_\_\_\_ UO ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name (printed): \_\_\_\_\_

REIMBURSEMENT SHOULD GO TO: *(please check one)*

Department. Index code to be reimbursed: \_\_\_\_\_

Employee

**This request is work-related (it will benefit both employee and the University) and is for:**

Training or development for a seminar, workshop or continuing education offered by a professional organization. *Please attach the appropriate documentation – see above.*

Organization: \_\_\_\_\_ Workshop: \_\_\_\_\_ Date(s) for workshop: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Amount requested from PDO Fund: \_\_\_\_\_

Training or development for a UO class, community education class, or Lane Community College class. *Please attach the appropriate documentation – see above.*

UO       LCC      Class: \_\_\_\_\_

Date(s) of Class: \_\_\_\_\_ Credit hours: \_\_\_\_\_ or no credit \_\_\_\_\_

Total Cost: \_\_\_\_\_ Amount requested from PDO Fund: \_\_\_\_\_

Travel reimbursement (transportation, meals, lodging) for workshop/class listed above. *Please attach the appropriate documentation (see above), including travel receipts.*

Total cost of travel: \_\_\_\_\_ Amount requested from PDO Fund: \_\_\_\_\_

*For HR use only. Approval: \_\_\_\_\_ Date: \_\_\_\_\_*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date