P-3A PROFESSIONAL DEVELOPMENT FUND REIMBURSEMENT APPLICATION

This is the approved Application effective 7/21/2026 with updated contractual rates. Please note, older versions of the application will no longer be accepted.

Please submit the completed form as soon as possible. Upon approval of this application, employees must submit all required state travel forms for approval. Please consult with your support staff for assistance with travel forms. The employee is responsible for all upfront costs. Reimbursement occurs upon return from the conference after the employee submits all receipts. Reimbursement can take several weeks.

P-3A APPLICANT INFORMATION

Name:		**Date of Application:**	
Employee I.D.		**Agency:**	
Position/Title:			
Home Address:			
City:		**Zip Code:**	
E-mail:			

PROFESSIONAL DEVELOPMENT (PD)

Training, Conference, or Workshop Information

Name of PD Event:	
Location of PD Event:	
Date(s) and Time(s) of Attendance:	

Please provide a description of the professional training along with supporting documents including fliers, web announcements, and conference details regarding workshop series, speakers, and certifications if applicable.

PROFESSIONAL DEVELOPMENT COSTS (Receipts are required for reimbursement)

Please provide an estimated cost for all applicable line items. $4,500 maximum per P3A member for the duration of the contract.

Expense Type	Cost
Registration Fee (Includes materials):	**$**
Travel/Airfare:	**$**
Rail/Bus:	**$**
Taxi:	**$**
Car Rental:	**$**
Parking:	**$**
Mileage within Connecticut ($.725 GSA)	**$**
Lodging Expenses:	**$**
Meals (SY 26-27 Breakfast $10.00/Lunch $14.00/Dinner $25.00)	**$**
Total Expenses (up to $4,500 per person for the duration of the contract term)	**$** $ 0.00
Number of Days	

Each eligible employee shall be entitled to a maximum of four thousand five hundred dollars ($4,500) for travel reimbursement per the contract term duration (7/1/2025 to 6/30/2029). Professional development funds can be used toward the cost of fees, materials, travel, food, and/or lodging related to professional development. Reimbursement shall be consistent with standard state travel regulations. Employees who attend training herein will continue to receive regular pay and benefits.

PREVIOUS PROFESSIONAL TRAINING

Have you participated in professional training within the past 12 months? Yes/No	
Please indicate the number of trainings in which you have participated within the last 12 months	

PROFESSIONAL ADVANCEMENT

State your professional training goal & explain how this activity supports your professional growth:

How will you use this activity to enrich the workplace?

Is this activity related to your current work assignment? Yes/No
If you answer no to the question above, briefly explain how this activity will support your work.

Please note, the use of union funds to supplant agency required training and/or agency/grant funded training is prohibited.

EMPLOYEE SIGNATURE

By signing below, the P3A employee attests that they plan to attend the conference described in this application for edification and professional growth as it pertains to employment with the State of Connecticut. The employee agrees to provide all required documentation and proof of attendance.

P3A employee's signature: _____ Date: _____

MANAGEMENT APPROVAL

By signing below, bureau/unit manager subscribes that the intent of this application is to support payment of expenses incurred by the above signed P3A employee's access to professional development/conference/training which is otherwise unavailable to them. ***Please note, this signature is required before the application can be reviewed by the P3A Professional Development Committee.***

Manager's name: _____ Title: _____

Manager's signature: _____ Date: _____

P-3A PROFESSIONAL DEVELOPMENT COMMITTEE ACTION

Approval of this form prohibits the use of union funds to supplant agency required training and/or agency/grant funded training.

☐ APPROVED ☐ DENIED by the PD Committee

Management Representative: _____ Date: _____

P-3A Union Representative: _____ Date: _____