



MEA Management Training Fund
APPLICATION

Name: _____

Department: _____ Title: _____

I am requesting reimbursement for the following management training, professional fees/membership or materials:

Title: _____

Date(s): _____

Location: _____

Cost: _____ Travel/Lodging: _____

PLEASE SUBMIT VERIFICATION OF REQUEST (BROCHURE, INVOICE, ETC.) WITH THIS APPLICATION

To help us learn more about the value of the management training fund to our members, please check the box that most closely applies to you:

- This is my first request to the MEA Management Training Fund ever.
- This is my first request this fiscal year.
- I use the training fund at least _____ times per fiscal year.

I represent that this class/membership/publication is intended to enhance my ability to perform my duties as a CCSF employee. I further represent that this is not a cost that has been covered (paid for) by the City or my department in the past.

Signature

Date

Email

Phone Number

Mailing Address (Not work address)

To return this form to MEA, you can fax to 415-989-7077, email to staff@sfmea.com or mail to MEA at 870 Market Street, Suite 460, S.F., CA 94102; Attn: Management Training Fund