

Professional Development Fund Request Form

USER INSTRUCTIONS

Form Purpose: Use this form to request approval for professional development activities.

How to Complete this Form: Fill out this form, to include manager and component VP signature and submit to HR.

Deadline: This form must be received and approved at least one month in advance of the professional development activity.

Upon Completion of Activity: Submit Certification of Completion or another related document to HR to include in personnel file.

EMPLOYEE INFORMATION

Name: _____

Date: _____

PROFESSIONAL DEVELOPMENT PLAN DETAILS:

Name of training/workshop/conference: _____

Training/workshop/conference Provider: _____

Date(s): _____

Location: _____

Provide details describing objectives, topics, and content that should be covered during this activity.

Explain briefly what you intend to learn or gain (personally and/or professionally) from attending this activity.

How does this training/development relate to your primary role at UnidosUS?

(Managers only) How will your attendance at this activity benefit the staff you supervise or the people you work with?

Edwin's participation will strengthen his ability to lead complex, cross-functional projects while reinforcing project management standards across teams. As a Senior Program Manager, his continued growth supports stronger coordination, mentorship, and systems that benefit both the Health team and the broader organization.

PROJECTED EXPENDITURE:

Registration cost: _____

APPROVAL:

Employee signature: Edwin Rodriguez Date: _____

Manager signature: [Signature] Date: 07/14/2025

VP signature: [Signature] Date: 07/31/2025

HR signature: Latia Littlejohn Date: _____

Please note: The Professional Development Fund is subject to annual company budgets established for external trainings and memberships. Expenses up to \$1000 per fiscal year approved by your manager/VP will be covered by HR (CC 1811-10)

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Order Details

Order

30009550465

Order Placed

25 August 2025

Status

Processing

Email

e_j_rod@outlook.com

Carolina Chapter	\$25.00
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Qty: 1

NC Piedmont Triad Chapter	\$25.00
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Qty: 1

North Carolina Chapter	\$25.00
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Qty: 1

Individual Membership	\$154.00
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Qty: 1

PMI® Authorized PMI-PMOCP™ Exam	\$160.00
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Prep Course

Qty: 1

Subtotal:	\$389.00
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Discounts &	\$0.00
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Promotions:	
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Shipping:	\$0.00
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Tax:	\$0.00
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Grand Total:	\$389.00
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Payment Method

Billing Address

Edwin Rodriguez



visa ending in 3078

4003 Beckton Trl
Jamestown, North Carolina
27282
US