



National Association for Latino Community Asset Builders **-\$1,250.00**

October 24, 2025 . Money Sent

Paid with

Ink Business \$1,250.00
Unlimited
(VISA Credit Card
x-1317)
You'll see "PAYPAL
*NALCAB" on your
card statement.

Ship to

Fatima Sierra Vargas
2540 Nicholson St
Hyattsville, MD 20782
United States

Transaction ID

84M95859MT4512
60U

Contact info

**Message National Association
for Latino Community Asset
Builders**
210-227-1010
events@nalcab.org

Note





Fatima Sierra
Vargas, UnidosUS

Details

Sent to National \$1,250.00
Association for
Latino Community
Asset Builders

Total **\$1,250.00**

How can we help?

-  Request Cancellation
-  Chat with PayPal Assistant
-  Get Answers
-  Report a problem



Contact National Association for Latino Community Asset Builders

If National Association for Latino Community Asset Builders is unable to help, you can file a case in our Resolution Center by April 22, 2026. You may be eligible for

[**Buyer Protection**](#)

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?

PROJECTED EXPENDITURE:

Registration cost: _____

APPROVAL:

Employee signature: Fatima Sierra Vargas Date: _____

Manager signature: Laura Arce Date: 2/27/2025

VP signature: Laura Arce Date: 2/27/2025

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)