



# Learning Assignment, Education Material and Professional Membership Fee

## Section A - Application (completed by Staff Member)

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Program/Dept \_\_\_\_\_

Current Position \_\_\_\_\_

What is the benefit/relevancy of this Learning Assignment, Educational Material or Professional Membership Fee? (max of 200 characters)

### Workshop/Conference/Seminar

Title \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Location \_\_\_\_\_ Number of days Absent \_\_\_\_\_

Costs						
Registration	Accommodation	Materials	Other	Food	Travel	Total

### Educational Course i.e. Degree, Certificate

Course Title \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Institution \_\_\_\_\_

Costs		
Registration	Materials	Total

Time off if applicable \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

### Educational Material (Subscriptions to Professional Journals, Educational Software, Reference Material, Textbooks)

Description of Materials \_\_\_\_\_

Total Cost \_\_\_\_\_

### Professional Membership Fee (Fees paid to a professional association not covered under Section 35 of the Agreement)

Description of Materials \_\_\_\_\_

Total Cost \_\_\_\_\_

Is this Application in conjunction with Program Funding?  Yes  No If Yes, amount \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Submit Application to the Work Unit Supervisor for authorization**

## Section B - Authorization

### To be completed by Work Unit/Supervisor

Signature indicates that activity is relevant to the Program/NAIT initiatives and operation needs will be met allowing the staff member to engage in PD activity. Support does not imply full funding.  Approved  Denied

Work Unit/Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**Application to be returned to Staff Member. If denied, attach rationale for denial and send a copy to NASA**

## Section C - Expense Claim

Scan and attach to the on-line Travel and Expenses process. NASA Office (E230)