



**REQUEST FOR REIMBURSEMENT  
PERSONAL DEVELOPMENT**  
(PLEASE COMPLETE ALL SECTIONS OF THIS FORM)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

UWO EMPLOYEE NUMBER \_\_\_\_\_

DEPARTMENT/ROOM #/BLDG. \_\_\_\_\_

POSITION \_\_\_\_\_

DESCRIPTION OF TRAINING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize that the above named employee qualifies for reimbursement as it pertains to Physical Plant's strategic plan for personal training.

\_\_\_\_\_  
Director

\_\_\_\_\_  
(Please Print) Director

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Director Telephone #

**Note: This form is located on the document sidebar on our website –  
<http://www.uwo.ca/ppd/>**

- Submit to director for signature
- Retain photocopy for your records
- Attach original receipt to the form
- Submit to: **Personal Development c/o Brandon Watson - Support Services Building Rm. 2301.**
- Inquiries to: [bwatso5@uwo.ca](mailto:bwatso5@uwo.ca) – ext. 88736