



**PHOENIX HISPANIC NETWORK  
MEMBERSHIP APPLICATION  
FORM FY 2023-2024**

Name:		Department:	
Position/Title:	Division/Section:	Pay Grade:	Are you a field-based employee?
Email:			
Desk #:		Cell #:	
Text Message:    Yes, send me text messages    No text messages Your mobile provider's standard rates for receiving text messages may apply.			

**If renewing, how long have you been a member of PHN?**

Membership is effective through June 30, 2024, upon receipt of this form and dues.

- \$10**     Unit 2\*         Unit 3\*\*         Unit 5\*
- \$20**     Unit 1         Unit 3         Unit 4
- \$50**     Unit 6         Unit 7         Unit 8         City of Phoenix Retiree\*
- \$100**    Middle Manager or Executive

*\*no EDF for professional memberships*

*\*\*no EDF available for pay grades below 324*

Desired dues payment type:

- Employee Development Funds         Management Development Funds         Cash/Check/Pay Pal

All membership categories have equal rights and full voting privileges. By signing below, you agree to receive PHN correspondence and become a PHN member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Contact [phx.hispanic.network@phoenix.gov](mailto:phx.hispanic.network@phoenix.gov) or visit [phoenixhispanicnetwork.org](http://phoenixhispanicnetwork.org) for any questions or concerns.



## Here are the 3 easy steps to becoming a member:

### Step #1 Complete this membership application form.

Employee completes the PHN Membership Application Form. We ask about your division/section and if you are a field staff so that we can do a better job reaching out to Phoenix employees.

### Step #2 Pay the annual membership dues.

Here are the three ways to pay:

**Employee Development Funds (EDF)** If EDF will be utilized, the employee completes the 'Professional Membership' side of the 'Reimbursement Request Form for Tuition and/or Professional Membership' form.

**Please Note: Department Head Signature is no longer required.**

The Human Resources (HR) Director has been authorized to sign on behalf of the department directors.

**Management Development Funds (MDF)** If MDF will be utilized, the employee has a Payment Control Document (PCD) completed and submits it to Finance Department, Accounts Payable for payment. Please use vendor number **3018063** to process the PCD.

For membership tracking purposes, please send a copy of the completed Membership Application Form via email to [Phx.hispanic.network@phoenix.gov](mailto:Phx.hispanic.network@phoenix.gov).


**Pay with Cash/Check** If you do not receive Employee Development Funds or Management Development Funds we will accept cash or check payments. Checks must be payable to "Phoenix Hispanic Network".

### Step #3 Send in your membership application and dues.

Via Email	Via PayPal	Via Interoffice Mail
If you are able to scan your forms, please just scan your membership form and EDF form and email it to <a href="mailto:Phx.hispanic.network@phoenix.gov">Phx.hispanic.network@phoenix.gov</a>	If you are able to scan your forms, please just scan your membership form and EDF form and email it to <a href="mailto:Phx.hispanic.network@phoenix.gov">Phx.hispanic.network@phoenix.gov</a> and request a PayPal invoice.	If you are unable to scan your forms please put them in a City of Phoenix interoffice envelope and mail them to:  <b>Name:</b> Jessica Gutierrez <b>Dept:</b> Public Works Department

Contact [phx.hispanic.network@phoenix.gov](mailto:phx.hispanic.network@phoenix.gov) or visit [phoenixhispanicnetwork.org](http://phoenixhispanicnetwork.org) for any questions or concerns.

**REIMBURSEMENT REQUEST FORM FOR TUITION AND/OR PROFESSIONAL MEMBERSHIP - EMPLOYEE DEVELOPMENT FUNDS ONLY**

 City of Phoenix	HUMAN RESOURCES DEPARTMENT - HR CONNECTION CENTER 251 WEST WASHINGTON, 1st FLR 602-495-5700 FAX: 602-534-1179 Email: <a href="mailto:hrc@phoenix.gov">hrc@phoenix.gov</a>	REFER TO THE GUIDELINES ON THE SECOND PAGE OF THIS FORM PRIOR TO COMPLETING (REFER TO AR 2.51). <b>THIS FORM IS NOT TO BE USED FOR MANAGEMENT DEVELOPMENT FUNDS.</b>			
EMPLOYEE ID	EMPLOYEE NAME (LAST, FIRST)	JOB TITLE	DEPARTMENT/DIVISION	WORK/CONTACT PHONE	

**I. TUITION REIMBURSEMENT**

1. Complete separate form for each class taken
2. Attach Tuition Payment Account History and Grade report
3. Attach Book receipt and Syllabus for book
4. Attach Deferred Payment Plan receipt (if applicable)
5. Sign below

Name of School: \_\_\_\_\_

Course Code and #: \_\_\_\_\_ Course Title: \_\_\_\_\_

**Are you receiving financial aid, such as a Pell grant, stipend, scholarship, VA/Military Education Assistance, or tuition assistance of any kind?**

Yes  No

**If yes, list below any and all current/retroactive sources and the amounts of funding?**

Reimbursement shall be permitted only for eligible expenses **not** covered by the funds listed above.

Tuition \$: _____	Less Tuition Assistance (-)\$: _____	Equals Net Reimbursement (=)\$: _____
Credit Hour(s): _____	Grade: _____	Lab Fee: \$ _____
Book Title: _____ Cost: \$ _____		
Deferred Payment Plan Fee: \$ _____		
Dates: From _____ To (Class End Date) _____		
Was this course taken to meet a degree requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Degree Program: _____		

**By signing below, you are indicating that you are in compliance with City of Phoenix AR 2.51.** To verify information provided by the employee, the City of Phoenix maintains the right to audit the educational and financial records contained in the employee's file at any educational institution. Any rights that the employee may have pursuant to the Family Educational Rights and Privacy Act of 1974, or any similar act, are waived by requesting tuition reimbursement from the City of Phoenix.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**II. PROFESSIONAL MEMBERSHIP**

**STEP 1: Payment Type**

Employee Reimbursement (Receipts Required) **OR**  Direct Pay to Vendor (\$50 or more)  
 Allow up to 30 days for processing

**STEP 2: Membership Information**

Organization/Company Name: Phoenix Hispanic Network

**IF DIRECT PAY, fill out payee information below:**

Payee's Name: Phoenix Hispanic Network

Address 200 W. Washington St. 10th Floor

City Phoenix State AZ Zip Code 85003

**STEP 3: Membership Dates and Amount**

Start Date: 7/1/2023 End Date: 6/30/2024 \$ \_\_\_\_\_ **Membership Amount:**

**STEP 4: Organization Information**

Must attach a copy of the membership organization's description, e.g. the "about us" info. Must attach a copy of the membership fees schedule and dues breakdown.

**STEP 5: Direct Pay Requirements**

For direct pay to the vendor, attach a completed application/renewal notice or invoice that includes the mailing address and payee information.

By signing below, you are indicating that you are in compliance with City of Phoenix AR 2.51.

**Employee Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Claim #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Claim #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Verified in-state tuition rates:  Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

## GUIDELINES FOR REIMBURSEMENT REQUEST FORM

Refer to AR 2.51 for additional information regarding the Employee Development Fund (EDF) program criteria. Eligible employees below the level of Middle Manager must use this form to request Employee Development Funds for Tuition and/or Professional Membership reimbursement or direct payment to a vendor for memberships costing \$50 or more.

### REQUIRED FORMS AND DOCUMENTATION

Complete the top line of personal information on the form. By signing this form, you are affirming that all the information you have provided is complete and correct, and you have complied with all applicable rules and regulations. Failure to provide information to the City or to allow the City to obtain the documentation will result in a denial.

**I. TUITION REIMBURSEMENT** - Complete Section I if you are requesting reimbursement for a course completed at a fully accredited college or university. The City reimburses EDF tuition-eligible expenses from educational institutions approved by national or regional accrediting associations recognized by the Secretary of the U.S. Department of Education. Any course taken must relate to employment (job classifications) in the City or to an approved degree program.

To complete this Section, enter:

- The name of the institution.
- The school course code and number, such as "ACC-101."
- The course title, for example "Intro to Accounting."
- Indicate "Yes" or "No" regarding whether you have applied for, have received, or will receive any financial aid for which you are not responsible to pay back (i.e. Pell Grant, scholarship, stipend, VA Education Assistance, GI Bill, Monterey, etc., or tuition assistance of any kind). These types of assistance are not eligible for City reimbursement. List the assistance type and amount of funding.
- Enter the amount of tuition paid by you or funded by financial assistance programs for which you must repay (i.e., personal loans, student loans - unsubsidized or subsidized, or other education loans.) These types of assistance are eligible for EDF. City EDF reimbursement is only for eligible expenses not paid by any other type of education assistance received. Enter the amount less education assistance for which you are not responsible for pay back.
- The cost of the deferred payment plan charge (receipt and proof of payment must be attached, if applicable).
- The beginning and ending dates of the course. Reimbursements are paid from the fiscal year in which the class concludes. All courses must be taken on non-City time, unless pre-approved by your Department Head and the Human Resources Director.
- Indicate whether the course is required or part of a degree program and the name of the degree program.
- Sign the form, attach copies of your itemized tuition account history showing course charges and all payment transactions, your official grade report or unofficial transcript, and any textbook receipt and course syllabus showing the required textbook(s).

Complete a separate form for each course. Submissions received by 5 p.m. pay week Friday (payday Friday at 5 p.m.) will be on the next bi-weekly paycheck.

**II. PROFESSIONAL MEMBERSHIP** - Complete Section II if you are requesting reimbursement or direct pay to a vendor for a job-related professional membership. For reimbursement, proof of payment is required. Complete Steps 1-5:

- Step 1:** Indicate by checking the appropriate box if this request is to reimburse you or to pay a vendor directly. "Direct Pay" option is only available if the membership/renewal fee is \$50 or more. If there are multiple employees submitting direct payment requests to the same vendor, those requests can be grouped together to meet the minimum \$50 requirement.
- Step 2:** Enter the organization's name and if this is a "Direct Pay" request, enter payee name and mailing address.
- Step 3:** Enter the period begin and end dates covered by this application/renewal and enter the membership fee. The date Human Resources receives the membership request is the fiscal year in which the membership is charged.
- Step 4:** Attach a copy of the membership organization's description, e.g. the "about us" information on the organization. Attach a copy of membership fees schedule and dues breakdown (blank application, if available).
- Step 5:** For "Direct Pay" to vendor, attach a completed application/renewal or invoice that includes the mailing address and payee information. Be sure to sign and date the form and obtain the required approval signature.

### WHERE TO SUBMIT YOUR REQUEST

Send the Reimbursement Request Form with required documentation attached, to Human Resources Department. (Choose one method of submission). Keep copy for your records.

- Mail to HR Connection Center, 251 W. Washington Street
- Email via scan to [hrc@phoenix.gov](mailto:hrc@phoenix.gov) (To ensure delivery, turn on the **Request a Delivery Receipt** on your device.)
- Fax to 602-534-0178.

When faxing or emailing your EDF request it is not necessary to follow up with the original paperwork. To ensure delivery, turn on the **Request Delivery Receipt** on your device. For email, submissions, scan into a single pdf file the form and supporting required documentation.