

PL CONFERENCE FUNDING APPLICATION FORM (2018-2019)

Read and follow the full PETL PL Conference Funding Guidelines (2018-2019) which outline how the funding works, eligibility, amounts, deadlines, and application procedures.

All conditions must be met in order for funds to be approved.

Current guidelines are accessible at www.etfopeel.com under the PL Funding tab → PETL Conference Funding

- Please complete all **USER** portions (▶) of this application form, indicating "N/A" where funds or OT coverage are not being requested.

FORWARD ALL APPLICATIONS AND RECEIPTS TO:

Secretary-Treasurer

via email: treasurer@etfopeel.com
 via Fax: 905-564-7236
 via Board Courier: Peel Elementary Teachers' Local, The Educators' Centre
 (or post to 6435 Edwards Blvd., Units 5&6, Mississauga, ON L5T 2P7)

For inquiries, please contact the Secretary-Treasurer:
 by Phone: 905-564-7233
 via email: treasurer@etfopeel.com

▶ Name:	▶ School or Work Location:	▶ Superintendent:	▶ Date of Application:
▶ Date of Activity: <small>(e.g., May 21, 2018) to (e.g., May 22, 2018)</small>	▶ Name of Activity / Conference:		▶ Location of Activity:
CONFERENCE FUNDS REQUEST <small>(Please apply for FULL anticipated costs)</small>			
Office Use Only - Office Use Only - Office Use Only -			
<input type="checkbox"/> FUNDS APPROVED	<input type="checkbox"/> Funds Held	<input type="checkbox"/> Receipts Submitted	
Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage (actual / driver only) \$ _____ _____ km x 0.52 = \$ _____ Accommodation: \$ _____ <small>(room & taxes only – meals not included)</small> Total Requested \$ _____	Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.52 = \$ _____ Accommodation: \$ _____ - STPDL Total Costs Approved \$ _____ OT days approved ____ days @ \$260.00 = \$ _____ Date Approved: _____ Signature of Secretary-Treasurer: X	Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.52 = \$ _____ Accommodation: \$ _____ - STPDL Total to Reimburse \$ _____ OT days to be paid to the PDSB ____ days @ \$260.00 = \$ _____ Date Approved: _____ Signature of Secretary-Treasurer: X	
▶ OCCASIONAL TEACHER REQUEST			
From _____ To _____ <small>(e.g., May 21, 2018) to (e.g., May 22, 2018)</small>			
Number of days (circle one) 0 / 1* / 2* <small>*Portion of full day required for each release day (circle one): 1.0 / 0.5 / other _____</small>			

(Applicant - please check ✓) **I HAVE READ the PL Conference Funding Guidelines (2018-2019)**

▶ Signature of Member: X	▶ *Signature of Principal/Supervisor: X	**Signature of Associate Director: X
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The following sections to be completed by Secretary-Treasurer or Designate.

<input type="checkbox"/> FUNDS DENIED <small>Incomplete – Late – Funds Exhausted - Previous PL Funding - Other</small>	Signature of Secretary-Treasurer	Date
Paid to Member \$ _____ Cheque Number _____ Allocation <u>Prof. Devel.: Conf. Funding</u> Date Issued _____ Treasurer's Signature _____	OT Days \$ _____ Invoice # _____ Cheque Number _____ Allocation <u>Prof. Devel.: Conf. Funding</u> Date Issued _____ Treasurer's Signature _____	OT Days \$ _____ Invoice # _____ Cheque Number _____ Allocation <u>Prof. Devel.: Conf. Funding</u> Date Issued _____ Treasurer's Signature _____

***Member & Principal Signature required when emailing application, please scan and send as a pdf**
 ** Travel outside of Canada requires approval by the Associate Director. See Guidelines for procedures.