

STATUS OF WOMEN PROFESSIONAL LEARNING FUNDING APPLICATION FORM (2018-2019)

Read and follow the full PETL Status of Women PL 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 Status of Women 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 Board Courier: **Peel Elementary Teachers' Local, The Educators' Centre**
(or post to 6435 Edwards Blvd., Units 5&6, Mississauga, ON L5T 2P7)

via Fax: **905-564-7236**

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, 2019) to (e.g., May 22, 2019)</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 = \$ _____	Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.52 = \$ _____	Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.52 = \$ _____	Accommodation: \$ _____ <small>(room & taxes only – meals not included)</small>
Total Requested \$ _____	Total Costs Approved \$ _____	Total to Reimburse \$ _____	
▶ OCCASIONAL TEACHER REQUEST			
From _____ To _____ <small>(e.g., May 21, 2019) to (e.g., May 22, 2019)</small>		OT days approved	
Number of days (circle one) 0 / 1* / 2* / 3*		_____ days @ \$260.00 = \$ _____	
*Portion of full day required for each release day (circle one): 1.0 / 0.5 / other _____		Date Approved: _____	
Signature of Secretary-Treasurer: X		Signature of Secretary-Treasurer: X	

I HAVE READ the Status of Women PL 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 Incomplete – Late – Funds Exhausted Activity not Eligible - Other	Signature of Secretary-Treasurer	Date
Paid to Member \$ _____ Cheque Number _____ Allocation <u>Equity: Women: PD Funding</u> Date Issued _____ Treasurer's Signature _____	OT Days \$ _____ Invoice # _____ Cheque Number _____ Allocation <u>Equity: Women: PD Funding</u> Date Issued _____ Treasurer's Signature _____	OT Days \$ _____ Invoice # _____ Cheque Number _____ Allocation <u>Equity: Women: PD Funding</u> Date Issued _____ Treasurer's Signature _____

**** Travel outside of Canada requires approval by the Associate Director. See Guidelines for procedures.**