Peel Elementary Teachers' Local

App # 1920 *(PETL Office Use Only)*

PL CONFERENCE FUNDING APPLICATION FORM (2019-2020)

Read and **follow** the full PETL PL Conference Funding Guidelines (2019-2020) 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:	► Name of Activity / Conference:	► Location of Activity:
_____ *(e.g., May 21, 2020)* to _____ *(e.g., May 22, 2020)*		

► *CONFERENCE FUNDS REQUEST*

(Please apply for FULL anticipated costs)

Registration: $_____

Transportation:
Transit $_____
Parking $_____
Mileage *(actual / driver only)* $_____
_____km x0.52=$_____

Accommodation: $_____
*(room & taxes only – **meals not included**)*

Total Requested **$**_____

►OCCASIONAL TEACHER REQUEST

From _____ *(e.g., May 21, 2018)* to To _____ *(e.g., May 22, 2018)*

Number of days (circle one) **0 / 1* / 2***

*Portion of full day required for each release day (circle one): *1.0 / 0.5 / other* _____

- Office Use Only - **FUNDS APPROVED**

Registration: $_____

Transportation:
Transit $_____
Parking $_____
Mileage $_____
_____km x0.52=$_____

Accommodation: $_____
- STPDL

Total Costs Approved $_____

OT days approved

___ days @ $260.00 = $ _____

Date Approved: _____

Signature of Secretary-Treasurer:
x

- Office Use Only - **Funds Held**

- Office Use Only - **Receipts Submitted**

Registration: $_____

Transportation:
Transit $_____
Parking $_____
Mileage $_____
_____km x0.52=$_____

Accommodation: $_____
- STPDL

Total to Reimburse **$**_____

OT days to be paid to the PDSB

___ days @ $260.00 = $ _____

Date Approved: _____

Signature of Secretary-Treasurer:
x

New

► ☐ (Applicant **- please check √**) ***I HAVE READ the PL Conference Funding Guidelines (2019-2020)***

► Signature of Member:	► *Signature of Principal/Supervisor:	**Signature of Associate Director:
X	X	X

The following sections to be completed by Secretary-Treasurer or Designate.

☐ ***FUNDS DENIED*** **Signature of Secretary-Treasurer** Date
Incomplete – Late – Funds Exhausted - Previous PL Funding - Other

Paid to Member $ _____	OT Days $ _____	OT Days $ _____
Cheque Number _____	Invoice # _____	Invoice # _____
Allocation *Prof. Devel.: Conf. Funding*	Cheque Number _____	Cheque Number _____
Date Issued _____	Allocation *Prof. Devel.: Conf. Funding*	Allocation *Prof. Devel.: Conf. Funding*
Treasurer's Signature _____	Date Issued _____	Date Issued _____
	Treasurer's Signature _____	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.*