

PL CONFERENCE FUNDING APPLICATION FORM (2023-2024) (PETL Office Use Only)

Read and follow the full PETL Conference PL Funding Guidelines (2023-2024) which outline how the funding works, eligibility, amounts, deadlines, and application procedures.

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

<p align="center">FORWARD ALL APPLICATIONS AND RECEIPTS TO THE SECRETARY-TREASURER</p> <p align="center">VIA email (preferred): treasurer@etfopeel.com</p> <p align="center">VIA Board Courier: Peel Elementary Teachers' Local, The Educators' Centre VIA Post: 6435 Edwards Boulevard, Units 5&6, Mississauga, ON L5T 2P7</p>	<p align="center">FOR INQUIRIES</p> <p align="center">Please Contact the Secretary-Treasurer: By Phone: 905-564-7233 Via email: treasurer@etfopeel.com</p>
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▶ Name:	▶ School/Work Location:	▶ Superintendent:	▶ Date of Application:
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▶ Date of Conference: <small>(e.g., May 21, 2024) to (e.g., May 22, 2024)</small>	▶ Name of Activity/Conference:
	▶ Provider/Organizer of Activity/Conference: ▶ Location of Activity:

<p align="center">▶ CONFERENCE FUNDS REQUEST <small>(Please apply for FULL anticipated costs)</small></p> <p>Registration: \$ _____</p> <p>Transportation:</p> <p>Transit \$ _____</p> <p>Parking \$ _____</p> <p>Mileage <small>(actual/driver only)</small> \$ _____</p> <p>_____ km x 0.68 = \$ _____</p> <p>Accommodation: \$ _____</p> <p>Meals: \$40 MAXIMUM PER DAY \$ _____</p> <p>Total Requested \$ _____</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p align="center">STPDL Acknowledgement: <small>(Applicant Please Check ✓)</small></p> <p>Requested _____ Approved _____ Not Eligible _____</p> </div>	<p align="center"><small>Office Use Only - Office Use Only - Office Use Only - Office Use Only</small></p> <p><input type="checkbox"/> FUNDS APPROVED <input type="checkbox"/> Funds Held <input type="checkbox"/> Receipts Submitted</p> <p>Registration: \$ _____</p> <p>Transportation:</p> <p>Transit \$ _____</p> <p>Parking \$ _____</p> <p>Mileage \$ _____</p> <p>_____ km x 0.68 = \$ _____</p> <p>Accommodation: \$ _____</p> <p>Meals: \$40 MAXIMUM PER DAY \$ _____</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p align="center">STPDL</p> </div> <p>Total Costs Approved \$ _____</p>	<p>Registration: \$ _____</p> <p>Transportation:</p> <p>Transit \$ _____</p> <p>Parking \$ _____</p> <p>Mileage \$ _____</p> <p>_____ km x 0.68 = \$ _____</p> <p>Accommodation: \$ _____</p> <p>Meals: \$40 MAXIMUM PER DAY \$ _____</p> <p>Total to Reimburse \$ _____</p>
▶ OCCASIONAL TEACHER REQUEST <small>***Beyond Days Approved by STPDL (if eligible)***</small>	<p align="center"><u>OT days approved</u></p> <p>_____ days @ \$271.65 = \$ _____</p>	<p align="center"><u>OT days to be paid to the PDSB</u></p> <p>_____ days @ \$271.65 = \$ _____</p>
<p>From _____ To _____</p> <p><small>(e.g., May 21, 2024) to (e.g., May 22, 2024)</small></p> <p>Number of days (circle one) 0 / 1 / 2</p> <p>Portion of full day required for each release day (circle one): Full / Half / other _____</p>	<p>Date Approved: _____</p> <p>Signature of Secretary-Treasurer: X</p>	<p>Date Approved: _____</p> <p>Signature of Secretary-Treasurer: X</p>

▶ (Applicant Please Check ✓) **I HAVE READ the PL Conference Funding Guidelines (2023-2024)**

▶ *Signature of Member: X	▶ *Signature of Principal/Supervisor: X	**Signature of Associate Director:
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<p align="center"><small>Office Use Only - Office Use Only - Office Use Only - Office Use Only</small></p> <p><input type="checkbox"/> FUNDS DENIED <small>Incomplete/Late/Funds Exhausted/Previous PL Funding/Other:</small></p>	<p align="center">Signature of Secretary-Treasurer & Date</p>
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<p>Paid to Member \$ _____</p> <p>Cheque Number _____</p> <p>Allocation <u>Prof. Devel.: Conf. Funding</u></p> <p>Date Issued _____</p> <p>Treasurer's Signature _____</p>	<p>OT Days \$ _____</p> <p>Invoice # _____</p> <p>Cheque Number _____</p> <p>Allocation <u>Prof. Devel.: Conf. Funding</u></p> <p>Date Issued _____</p> <p>Treasurer's Signature _____</p>	<p>OT Days \$ _____</p> <p>Invoice # _____</p> <p>Cheque Number _____</p> <p>Allocation <u>Prof. Devel.: Conf. Funding</u></p> <p>Date Issued _____</p> <p>Treasurer's Signature _____</p>
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**** Travel outside of Canada requires approval by the Associate Director. See Guidelines for procedures.**

*****Please note if you are ineligible for STPDL (See Guidelines) and require the PETL to approve your OT Days in your note to the Secretary-Treasurer**