

**STATUS OF WOMEN PROFESSIONAL LEARNING FUNDING APPLICATION FORM (2023-2024)**

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

Current guidelines are accessible on the [www.efopeel.com](http://www.efopeel.com) under the PL Funding tab → PETL Status of Women Funding.

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

<p>▶ <b>CONFERENCE FUNDS REQUEST</b> (Please apply for FULL anticipated costs)</p> <p><b>Registration:</b> \$ _____</p> <p><b>Transportation:</b></p> <p>Transit \$ _____</p> <p>Parking \$ _____</p> <p>Mileage (actual/driver only) \$ _____</p> <p>_____ km x 0.68 = \$ _____</p> <p><b>Accommodation:</b> \$ _____</p> <p><b>Meals:</b> \$40 MAXIMUM PER DAY \$ _____</p> <p><b>Total Requested</b> \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;"><b>STPDL Acknowledgement:</b> (Applicant Please Check ✓)</p> <p>Requested ___ Approved ___ Not Eligible ___</p> </div>	<p>⬇ - Office Use Only - ⬇ - Office Use Only - ⬇ - Office Use Only - ⬇</p> <p><input type="checkbox"/> <b>FUNDS APPROVED</b>    <input type="checkbox"/> <b>Funds Held</b>    <input type="checkbox"/> <b>Receipts Submitted</b></p> <p><b>Registration:</b> \$ _____</p> <p><b>Transportation:</b></p> <p>Transit \$ _____</p> <p>Parking \$ _____</p> <p>Mileage \$ _____</p> <p>_____ km x 0.68 = \$ _____</p> <p><b>Accommodation:</b> \$ _____</p> <p><b>Meals:</b> \$40 MAXIMUM PER DAY \$ _____</p> <div style="border: 1px solid orange; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">STPDL</p> </div> <p><b>Total Costs Approved</b> \$ _____</p> <p style="text-align: center;"><u>OT days approved</u></p> <p>_____ days @ <b>\$271.65</b> = \$ _____</p> <p>Date Approved: _____</p> <p><b>Signature of Secretary-Treasurer:</b> X</p>	<p><b>Registration:</b> \$ _____</p> <p><b>Transportation:</b></p> <p>Transit \$ _____</p> <p>Parking \$ _____</p> <p>Mileage \$ _____</p> <p>_____ km x 0.68 = \$ _____</p> <p><b>Accommodation:</b> \$ _____</p> <p><b>Meals:</b> \$40 MAXIMUM PER DAY \$ _____</p> <p><b>Total to Reimburse</b> \$ _____</p> <p style="text-align: center;"><u>OT days to be paid to the PDSB</u></p> <p>_____ days @ <b>\$271.65</b> = \$ _____</p> <p>Date Approved: _____</p> <p><b>Signature of Secretary-Treasurer:</b> X</p>
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▶ <b>OCCASIONAL TEACHER REQUEST</b> ***Beyond Days Approved by STPDL (if eligible)***	<b>I HAVE READ the Status of Women PL Funding Guidelines (2023-2024)</b>	
From _____ To _____	▶ <b>Signature of Member:</b>	▶ <b>Signature of Principal/Supervisor:</b>
_____ (e.g., May 21, 2024) to _____ (e.g., May 22, 2024)	X	X
Number of days (circle one) <b>0 / 1 / 2 / 3</b>	▶ <b>**Signature of Associate Director</b>	
*Portion of full day required for each release day (circle one): <b>Full / Half / other</b> _____		

<p>⬇ The following sections to be completed by Secretary-Treasurer or Designate ⬇</p>		
<p><input type="checkbox"/> <b>FUNDS DENIED</b> Incomplete/Late/Funds Exhausted/Activity Not Eligible/Other:</p>	<p><b>Signature of Secretary-Treasurer &amp; Date</b></p>	
<p>Paid to Member \$ _____</p> <p>Cheque Number _____</p> <p>Allocation <u>Equity: Women: PD 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>Equity: Women: PD 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>Equity: Women: PD Funding</u></p> <p>Date Issued _____</p> <p>Treasurer's Signature _____</p>

**\*\* 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