

### PROFESSIONAL DEVELOPMENT REQUEST FORM

2023-2024

APPLICANTS ARE TO FILL OUT THIS FORM AND OBTAIN SUPERVISOR APPROVAL PRIOR TO REGISTRATION  
 FOR ANY PROFESSIONAL DEVELOPMENT (PD) DURING BOARD TIME AND/OR IF PD IS FUNDED BY THE BOARD.  
 ALL PD OUTSIDE CANADA REQUIRES ASSOCIATE DIRECTOR APPROVAL ONCE APPROVED BY THE AREA SUPERINTENDENT/CONTROLLER AND SUPERVISOR.  
 IF STPDL / OTHER FUNDING IS TO BE CLAIMED, FORWARD TO THE STPDL REP/ OTHER FUND OWNER FOR APPROVAL (SECTION C). ONCE APPROVED, RETURN ORIGINAL TO THE APPLICANT.  
 THE APPLICANT SHOULD RETAIN A COPY FOR THEIR RECORDS AND FORWARD THE FORM TO FINANCE IF SECTION C IS COMPLETED.

#### SECTION A (To be completed by applicant)

|   |  |                           |           |                            |
|---|--|---------------------------|-----------|----------------------------|
| Name  |  | Application Date          |           |                            |
| School/Location   |  | Employee Group # and Name | <b>30</b> | <b>Elementary Teachers</b> |
| PD Activity name  |  | Activity Location         |           |                            |
| Activity description  |  | Activity Dates            |           |                            |
| <b>EXPENSES</b>   |  |                           |           | <b>ESTIMATE \$</b>         |
| REGISTRATION FEE  |  |                           |           |                            |
| ACCOMMODATION   |  |                           |           |                            |
| FOOD (Maximum \$45 per day with original receipts)                  |  |                           |           | not eligible               |
| TRANSPORTATION (Include taxi, parking, etc.)                        |  |                           |           |                            |
| MILEAGE (by own car)  |  | km                        | 0.68      |                            |
| OTHER (SPECIFY)   |  |                           |           |                            |
| <b>TOTAL EXPENSES</b>   |  |                           |           |                            |
| <b>PLANNED FUNDING SOURCES</b>                                      |  |                           |           |                            |
| STPDL   |  |                           |           |                            |
| OPC GENERAL FUND (FOR PRINCIPALS & VPS ONLY)                        |  |                           |           |                            |
| SUPERINTENDENT FUNDING  |  |                           |           |                            |
| OTHER BOARD FUNDING (SPECIFY):                                      |  |                           |           |                            |
| TOTAL NOT FUNDED BY THE BOARD OR STPDL (e.g. PETL, Personal, other) |  |                           |           |                            |
| <b>TOTAL OTHER FUNDING SOURCES</b>                                  |  |                           |           |                            |
| <b>BALANCE TO BE FUNDED BY SCHOOL / DEPARTMENT LOCATION</b>         |  |                           |           |                            |
| Signature of Applicant:   |  | Date:                     |           |                            |
|   |  | Last STPDL Claim Date:    |           |                            |

#### SECTION B - to be completed by Supervisor (i.e., Principal, Coordinating Principal, etc.)

|   |                          |     |                             |                          |
|---|--------------------------|-----|-----------------------------|--------------------------|
| ABSENT DAYS COVERAGE REQUIRED   |                          |     |                             |                          |
| NO  | <input type="checkbox"/> | YES | <input type="checkbox"/>    | # OF DAYS:               |
|   |                          |     |                             | Cost: \$271.65 (per day) |
|   |                          |     | Total OT Expenses Approved: | \$                       |
| Dates of OT Coverage Required:  |                          |     | GL CODE                     | 916 171000001            |
| Principal/Supervisor Signature:   |                          |     | Date:                       |                          |
| All Professional Development outside Canada to be approved by Associate Director (COMPLETE ONLY FOR PD OUTSIDE OF CANADA) |                          |     |                             |                          |
| Associate Director Signature:   |                          |     | Date:                       |                          |

#### SECTION C - to be completed only if funded by other Board sources of funding (such as Superintendent)

|  |                   |         |                         |                      |
|--|-------------------|---------|-------------------------|----------------------|
| Signature of budget owner of Other Board Funding (such as Superintendent): |                   |         | Expenses Approved       | \$                   |
|  |                   | GL CODE | 916 171000001           |                      |
| STPDL/OPC GENERAL FUND APPROVAL  |                   |         |                         |                      |
| Number of Days Supply Coverage Approved                                    |                   |         | Cost of Supply Coverage | \$                   |
| TO CHARGE STPDL - Please use CODE 67 in Easy Connect                       |                   |         |                         |                      |
| GL CODE :  | 916 171 000 000 1 |         |                         | Expenses Approved \$ |
| Signature of STPDL/OPC General Fund Chair:                                 |                   |         | Date:                   |                      |