

CONFERENCE PROFESSIONAL LEARNING FUNDING APPLICATION FORM (2024-2025)

Review the Application Process in the Guidelines. All Guidelines must be met for funding to be approved.

FORWARD ALL APPLICATIONS TO: Julia Allen, Secretary-Treasurer VIA Email: <u>treasurer@etfopeel.com</u> VIA Board Courier: Peel Elementary Teachers' Local, The Educators' Centre				If you have questions, please contact Julia Allen, Secretary-Treasurer: By Phone: 905-564-7233 x228 Via email: <u>treasurer@etfopeel.com</u>				
Legal Name:		School/Work Location:	Superintendent:		t:	Date of Application: (e.g., October 14, 2024)		
Non-Board Email: Boar		rd Email:	nail: ETFO Numbe		OCT Number:		PDSB Employee #:	
Date(s) of Activity/Conference:		Name of Activity/Conference:				I		
(e.g., May 21, 2025) to (e.g., May 22, 2025)		Provider/Organizer of Activity/Confe			erence: Location:			
CONFERENCE FUNDS REQUEST		↓ FOR PETL OFFICE USE ONLY ↓						
(Apply for ALL Anticipated Expenses)		FUNDS APPROV				ECEIPTS RECEIVED		
Registration: \$		Registration: Transportation: Transit Parking Parking Mileage km x0.68=\$\$		Registration: \$				
► OCCASIONAL TEACHER REQUEST ***Beyond Days Approved by STPDL (if eligible)***		<u>OT day(s) approved</u>		OT day(s) to be paid to the PDSB				
		day(s) @ <mark>\$271.85</mark> = \$		day(s) @ <mark>\$271.85</mark> = \$				
Date OT Required		Date Application Processed:		Date Reimbursement Processed:				
(e.g., May 22, 2025)		Signature of Secretary-Treasurer:		Signature of Secretary-Treasurer:				
Portion of full day								
required for the release day (<i>Full / Half / other</i>):		x		x				
Please check to confirm you have read the current PETL Conference Funding								
Guidelines. Incomplete applications will not be processed.								
*Signature of Member: **Signature of Prin		*Signature of Principal/Su			*** Signature of Associate Director (Only required for travel outside of Canada):			
x		x		X	ony require		<u>alone or ounder</u> .	
FUNDS DENIED Incomplete/Late/								
		X						
Date Reimbursed:		OT Days: \$		OT Da	ys: \$			
Paid to Member: \$	I	nvoice Number:		Invoice Number:				
Cheque Number: (Cheque Number:		Cheque Number:				
		Date Issued:						
Treasurer's Signature:		Treasurer's Signature:		Treasurer's Signature:				