

### PROFESSIONAL DEVELOPMENT REQUEST FORM

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 CHAIR/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	30	Elementary Teachers
PD Activity Name		Activity Location		
Activity Description		Activity Dates		

EXPENSES	ESTIMATE \$
REGISTRATION FEE	
ACCOMMODATION	
FOOD (Maximum \$45 per day with original receipts)	not eligible
TRANSPORTATION (Include taxi, parking, etc.)	
MILEAGE (by own car) <input type="text"/> km	0.68
OTHER (SPECIFY)	not eligible
<b>TOTAL EXPENSES</b>	

PLANNED FUNDING SOURCES	
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	YES	# OF DAYS (max 3):	Cost: \$283.50 (per day)	Total OT Expenses Approved \$
Dates OT Coverage Required:				GL CODE 916 1710000001
Principal/Supervisor Signature:				Date:
All Professional Learning opportunities outside of Canada must be approved by Associate Director (ONLY COMPLETE THE BELOW 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 1710000001	
STPDL GENERAL FUND APPROVAL				
Number of OT Days Approved			Total Cost of OT Coverage Approved \$	
To Charge STPDL for Your Absence - Please Use CODE 67 in Smart Find Express				
GL CODE 916 171 000 000 1			Expenses Approved \$	
Signature of STPDL Chair:				Date Approved: