

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: treasurer@etfopeel.com 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: treasurer@etfopeel.com
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Legal Name:	School/Work Location:	Superintendent:	Date of Application: <small>(e.g., October 14, 2024)</small>
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Non-Board Email:	Board Email:	ETFO Number:	OCT Number:	PDSB Employee #:
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Date(s) of Activity/Conference: <small>(e.g., May 21, 2025) to (e.g., May 22, 2025)</small>	Name of Activity/Conference:
	Provider/Organizer of Activity/Conference:
	Location:

CONFERENCE FUNDS REQUEST (Apply for ALL Anticipated Expenses)	FOR PETL OFFICE USE ONLY	
<input type="checkbox"/> FUNDS APPROVED	<input type="checkbox"/> RECEIPTS RECEIVED	
Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage (actual/driver only) \$ _____ _____ km x 0.70 = \$ _____ Accommodation: \$ _____ Meals: \$70 MAXIMUM PER DAY \$ _____ Total Requested: \$ _____	Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.70 = \$ _____ Accommodation: \$ _____ Meals: \$70 MAXIMUM PER DAY \$ _____ STPDL	Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.70 = \$ _____ Accommodation: \$ _____ Meals: \$70 MAXIMUM PER DAY \$ _____
STPDL Acknowledgement: (Applicant Please Check ✓) I Used for different PD ___ Requested ___ Approved ___ I'm On Leave ___	Total Costs Approved: \$ _____	Total to Reimburse: \$ _____

► OCCASIONAL TEACHER REQUEST ***Beyond Days Approved by STPDL (if eligible)***	OT day(s) approved _____ day(s) @ \$309.34 = \$ _____	OT day(s) to be paid to the PDSB _____ day(s) @ \$309.34 = \$ _____
Date OT Required <small>(e.g., May 22, 2025)</small> Portion of full day required for the release day (Full / Half / other): _____	Date Application Processed: Signature of Secretary-Treasurer: X	Date Reimbursement Processed: Signature of Secretary-Treasurer: X

Please check to confirm you have read the current PETL Conference Funding Guidelines. Incomplete applications will not be processed.		
*Signature of Member: X	**Signature of Principal/Supervisor: X	***Signature of Associate Director <small>(Only required for travel outside of Canada):</small> X

FOR PETL OFFICE USE ONLY		
<input type="checkbox"/> FUNDS DENIED <small>Incomplete/Late/Funds Exhausted/Previous PL Funding/Other:</small>	Treasurer's Signature: X	Date Processed:
Date Reimbursed: _____ Paid to Member: \$ _____ Cheque Number: _____ <small>Allocation: Professional Development: Conference Funding</small> Date Issued: _____ Treasurer's Signature: _____	OT Days: \$ _____ Invoice Number: _____ Cheque Number: _____ <small>Allocation: Professional Development: Conference Funding</small> Date Issued: _____ Treasurer's Signature: _____	OT Days: \$ _____ Invoice Number: _____ Cheque Number: _____ <small>Allocation: Professional Development: Conference Funding</small> Date Issued: _____ Treasurer's Signature: _____