

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 style="width: 50px;" type="text"/> km	0.70
OTHER (SPECIFY)	not eligible
TOTAL EXPENSES	

PLANNED FUNDING SOURCES	
STPDL (\$500 MAX)	
OPC GENERAL FUND (FOR PRINCIPALS & VPS ONLY)	
SUPERINTENDENT FUNDING	
OTHER BOARD FUNDING (SPECIFY):	
TOTAL NOT FUNDED BY THE BOARD OR STPDL (e.g. PETL \$400 MAX, personal, other)	
TOTAL OTHER FUNDING SOURCES	
BALANCE TO BE FUNDED BY SCHOOL/DEPARTMENT LOCATION	

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: \$309.34 (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:
---------------------------	----------------

Approval Notes: