

## STATUS OF WOMEN PROFESSIONAL LEARNING FUNDING APPLICATION FORM (2024-2025)

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

<p style="text-align: center;"><b>FORWARD ALL APPLICATIONS TO:</b>  <b>Julia Allen, Secretary-Treasurer</b>  <b>VIA Email: <a href="mailto:treasurer@etfopeel.com">treasurer@etfopeel.com</a></b>          VIA Board Courier: Peel Elementary Teachers' Local, The Educators' Centre</p>	<p><i>If you have questions, please contact</i>  <b>Julia Allen, Secretary-Treasurer:</b>  <i>By Phone: 905-564-7233 x228</i>  <i>Via email: <a href="mailto:treasurer@etfopeel.com">treasurer@etfopeel.com</a></i></p>
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<b>Legal Name:</b>	<b>School/Work Location:</b>	<b>Superintendent:</b>	<b>Date of Application:</b> <small>(e.g., October 14, 2024)</small>
<b>Non-Board Email:</b>	<b>Board Email:</b>	ETFO Number:	OCT Number:
PDSB Employee #:			

<b>Date(s) of Activity/Conference:</b>  <small>(e.g., May 21, 2024) to (e.g., May 22, 2024)</small>	<b>Name of Activity/Conference:</b>
<b>Provider/Organizer of Activity/Conference:</b>	
<b>Location:</b>	

<b>CONFERENCE FUNDS REQUEST</b> <small>(Apply for ALL Anticipated Expenses)</small>	<b>FOR PETL OFFICE USE ONLY</b>	
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<input type="checkbox"/> <b>FUNDS APPROVED</b> <b>Registration:</b> \$ _____ <b>Transportation:</b> Transit \$ _____ Parking \$ _____ Mileage <small>(actual/driver only)</small> \$ _____ _____ km x 0.70 = \$ _____ <b>Accommodation:</b> \$ _____ <b>Meals:</b> <b>\$40 MAXIMUM PER DAY</b> \$ _____  <b>Total Requested: \$</b> _____	<input type="checkbox"/> <b>RECEIPTS RECEIVED</b> <b>Registration:</b> \$ _____ <b>Transportation:</b> Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.70 = \$ _____ <b>Accommodation:</b> \$ _____ <b>Meals:</b> <b>\$40 MAXIMUM PER DAY</b> \$ _____	<b>STPDL</b>   <b>Total Costs Approved: \$</b> _____  <b>OT days approved</b> _____ day(s) @ \$309.34 = \$ _____  Date Approved: _____ <b>Signature of Secretary-Treasurer:</b> X
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<b>STPDL Acknowledgement:</b> (Applicant Please Check ✓)  I Used for different PD ___ Requested ___  Approved ___ I'm On Leave ___	<b>Total to Reimburse: \$</b> _____  <b>OT days to be paid to the PDSB</b> _____ day(s) @ \$309.34 = \$ _____  Date Approved: _____ <b>Signature of Secretary-Treasurer:</b> X
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<b>► OCCASIONAL TEACHER REQUEST</b> ***Beyond Days Approved by STPDL (if eligible)*** From _____ To _____ <small>(e.g., May 21, 2024) to (e.g., May 22, 2024)</small>  Number of days (max 3): _____ Portion of full day required for each release day (Full / Half / other): _____	<b>OT days to be paid to the PDSB</b> _____ day(s) @ \$309.34 = \$ _____  Date Approved: _____ <b>Signature of Secretary-Treasurer:</b> X
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**← Please check to confirm you have read the current PETL Conference Funding Guidelines. Incomplete applications will not be processed.**

<b>*Signature of Member:</b>  X	<b>**Signature of Principal/Supervisor:</b>  X	<b>***Signature of Associate Director</b> <small>(Only required for travel outside of Canada):</small>  X
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<b>FOR PETL OFFICE USE ONLY</b>		
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<input type="checkbox"/> <b>FUNDS DENIED</b> <small>Incomplete/Late/Funds Exhausted/Previous PL Funding/Other:</small>	<b>Treasurer's Signature:</b>  X	<b>Date Processed:</b>
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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: _____
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