

CONFERENCE PROFESSIONAL LEARNING FUNDING APPLICATION FORM (2025-2026)

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 (Preferred): 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							
Legal Name:		School/Work Location:		Superintendent:		Date of Application: (e.g., September 8, 2025)			
Non-Board Email:		Board Email:		ETFO Number:		OCT Number:		PDSB Employee #:	
Date(s) of Activity/Conference: e.g., February 19, 2026) to (e.g., February 20, 2026)				Name of Activity/Conference:					
				Provider/Organizer of Activity/Conference:				Location:	
CONFERENCE FUNDS REQUEST (Apply for ALL Anticipated Expenses)				FOR PETL OFFICE USE ONLY					
Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage (actual/driver only) \$ _____ _____ km x 0.70 = \$ _____ Accommodation: \$ _____ Meals: \$70 MAXIMUM PER DAY \$ _____ Total Requested: \$ _____				<input type="checkbox"/> FUNDS APPROVED Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.70 = \$ _____ Accommodation: \$ _____ Meals: \$70 MAXIMUM PER DAY \$ _____ STPDL		<input type="checkbox"/> RECEIPTS RECEIVED Registration: \$ _____ Transportation: Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.70 = \$ _____ Accommodation: \$ _____ Meals: \$70 MAXIMUM PER DAY \$ _____ Total to Reimburse: \$ _____			
STPDL Acknowledgement: (Applicant Please Check ✓) I Used for different PD ____ Requested ____ Approved ____ I'm On Leave ____				Total Costs Approved: \$ _____ OT day(s) approved _____ day(s) @ \$309.34 = \$ _____		Total to Reimburse: \$ _____ OT day(s) to be paid to the PDSB _____ day(s) @ \$309.34 = \$ _____			
► OCCASIONAL TEACHER REQUEST ***Beyond Days Approved by STPDL (if eligible)*** Date OT Required _____ (e.g., February 19, 2026) 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			
<input type="checkbox"/> 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 (Only required for travel outside of Canada): _____ X					
FOR PETL OFFICE USE ONLY									
<input type="checkbox"/> FUNDS DENIED Incomplete/Late/Funds Exhausted/Previous PL Funding/Other:				Treasurer's Signature: _____ X		Date Processed: _____			
Date Reimbursed: _____ Paid to Member: \$ _____ Cheque Number: _____ Allocation: Professional Development: Conference Funding Date Issued: _____ Treasurer's Signature: _____		OT Days: \$ _____ Invoice Number: _____ Cheque Number: _____ Allocation: Professional Development: Conference Funding Date Issued: _____ Treasurer's Signature: _____		OT Days: \$ _____ Invoice Number: _____ Cheque Number: _____ Allocation: Professional Development: Conference Funding Date Issued: _____ Treasurer's Signature: _____					