

## STATUS OF WOMEN PROFESSIONAL LEARNING FUNDING APPLICATION FORM (2025-2026)

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

<b>FORWARD ALL APPLICATIONS TO:</b> <b>Julia Allen, Secretary-Treasurer</b> <b>VIA Email (Preferred): <a href="mailto:treasurer@etfopeel.com">treasurer@etfopeel.com</a></b> VIA Board Courier: Peel Elementary Teachers' Local, The Educators' Centre	<i>If you have questions, please contact</i> <i>Julia Allen, Secretary-Treasurer:</i> <i>By Phone: 905-564-7233 x228</i> <i>Via email: <a href="mailto:treasurer@etfopeel.com">treasurer@etfopeel.com</a></i>
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<b>Legal Name:</b>	<b>School/Work Location:</b>	<b>Superintendent:</b>	<b>Date of Application:</b> (e.g., September 8, 2025)
<b>Non-Board Email:</b>	<b>Board Email:</b>	<b>ETFO Number:</b>	<b>OCT Number:</b>
<b>PDSB Employee #:</b>			

<b>Date(s) of Activity/Conference:</b>  e.g., February 19, 2026 to e.g., February 20, 2026	<b>Name of Activity/Conference:</b>
	<b>Provider/Organizer of Activity/Conference:</b>
	<b>Location:</b>

<b>CONFERENCE FUNDS REQUEST</b> <i>(Apply for ALL Anticipated Expenses)</i>  <b>Registration:</b> \$ _____ <b>Transportation:</b> Transit \$ _____ Parking \$ _____ Mileage (actual/driver only) \$ _____ _____ km x 0.70 = \$ _____ <b>Accommodation:</b> \$ _____ <b>Meals:</b> <b>\$70 MAXIMUM PER DAY</b> \$ _____  <b>Total Requested: \$</b> _____  <b>STPDL Acknowledgement:</b> (Applicant Please Check ✓)  I Used for different PD _____ Requested _____  Approved _____ I'm On Leave _____  <b>► OCCASIONAL TEACHER REQUEST</b> <b>***Beyond Days Approved by STPDL (if eligible)***</b> From _____ To _____ (e.g., February 19, 2026) to (e.g., February 20, 2026)  Number of days (max 3): _____ Portion of full day required for each release day (Full / Half / other): _____	<b>FOR PETL OFFICE USE ONLY</b>	
	<div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #d9d9d9;"> <input type="checkbox"/> <b>FUNDS APPROVED</b> </div> <b>Registration:</b> \$ _____ <b>Transportation:</b> Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.70 = \$ _____ <b>Accommodation:</b> \$ _____ <b>Meals:</b> <b>\$70 MAXIMUM PER DAY</b> \$ _____  <b>STPDL</b>  <b>Total Costs Approved: \$</b> _____	<div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #d9d9d9;"> <input type="checkbox"/> <b>RECEIPTS RECEIVED</b> </div> <b>Registration:</b> \$ _____ <b>Transportation:</b> Transit \$ _____ Parking \$ _____ Mileage \$ _____ _____ km x 0.70 = \$ _____ <b>Accommodation:</b> \$ _____ <b>Meals:</b> <b>\$70 MAXIMUM PER DAY</b> \$ _____  <b>Total to Reimburse: \$</b> _____
	<b>OT days approved</b> _____ day(s) @ <b>\$309.34</b> = \$ _____  Date Approved: _____ Signature of Secretary-Treasurer: _____ X	<b>OT days to be paid to the PDSB</b> _____ day(s) @ <b>\$309.34</b> = \$ _____  Date Approved: _____ Signature of Secretary-Treasurer: _____ X

☐ **Please check to confirm you have read the current PETL Status of Women 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> <i>(Only required for travel outside of Canada):</i>  X
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<div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #d9d9d9;"> <input type="checkbox"/> <b>FUNDS DENIED</b> </div> <i>Incomplete/Late/Funds Exhausted/Previous PL Funding/Other:</i>  <b>Treasurer's Signature:</b>  X	<b>Date Processed:</b>  _____
Date Reimbursed: _____ Paid to Member: \$ _____ Cheque Number: _____ Allocation: <i>Professional Development: Conference Funding</i> Date Issued: _____ Treasurer's Signature: _____	OT Days: \$ _____ Invoice Number: _____ Cheque Number: _____ Allocation: <i>Professional Development: Conference Funding</i> Date Issued: _____ Treasurer's Signature: _____
	OT Days: \$ _____ Invoice Number: _____ Cheque Number: _____ Allocation: <i>Professional Development: Conference Funding</i> Date Issued: _____ Treasurer's Signature: _____