

PROFESSIONAL DEVELOPMENT REQUEST FORM

STPDL - Group 30

2025-2026

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 PRINCIPAL/SUPERVISOR (SECTION B).

IF STPDL/OTHER FUNDING IS TO BE CLAIMED, FORWARD TO THE STPDL CHAIR/OTHER FUND OWNER FOR APPROVAL (SECTION C). ONCE APPROVED, THE ORIGINAL IS RETURNED TO THE APPLICANT THROUGH THE COURIER AND SHOULD ARRIVE WITHIN FIFTEEN (15) WORKDAYS.

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) km	0.72
OTHER (SPECIFY)	not eligible
TOTAL EXPENSES	

PLANNED FUNDING SOURCES

STPDL (\$500 MAX CONFERENCES/WORKSHOPS or \$750 MAX AQ/ABQ)	
OPC GENERAL FUND (FOR PRINCIPALS & VPS ONLY)	N/A
SUPERINTENDENT FUNDING	N/A
OTHER BOARD FUNDING (SPECIFY):	N/A
TOTAL NOT FUNDED BY THE BOARD OR STPDL (e.g. PETL \$400 MAX, personal, other)	
TOTAL OTHER FUNDING SOURCES	0.00
BALANCE TO BE FUNDED BY SCHOOL/DEPARTMENT LOCATION	0.00

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: \$317.04 (per day)	Total OT Expenses Acknowledged \$	-
Dates OT Coverage Required:				GL CODE	916 171 000 000 1
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:
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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 N/A

STPDL GENERAL FUND APPROVAL

Number of OT Days Approved	Total Cost of OT Coverage Approved \$
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To Charge STPDL for Your Absence - Please Use CODE 67 in Smart Find Express

GL CODE	916 171 000 000 1	Total Reimbursable Expenses Approved \$
		\$500 MAX Conference/Workshop OR \$750 MAX AQ/ABQ

Signature of STPDL Chair:	Date Approved:
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Approval Notes:
