

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 REP / 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	
PD Activity name		Activity Location	
Activity description		Activity Dates	

EXPENSES	ESTIMATE \$		
REGISTRATION FEE			
ACCOMMODATION			
FOOD (Maximum \$40 per day with original receipts)			
TRANSPORTATION (Include taxi, parking, etc.)			
MILEAGE (by own car)	km	0.58	
OTHER (SPECIFY)			
TOTAL EXPENSES			0.00

PLANNED FUNDING SOURCES		
STPDL		
OPC GENERAL FUND (FOR PRINCIPALS & VPS ONLY)		
SUPERINTENDENT FUNDING		
OTHER BOARD FUNDING (SPECIFY):		
TOTAL NOT FUNDED BY THE BOARD OR STPDL (e.g. PETL, 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 (such as Principal, Manager, Superintendent)

ABSENT DAYS COVERAGE REQUIRED (circle Yes or No. If Yes enter number of days and cost)				
YES	# OF DAYS:	COST \$:	NO	
Supervisor Signature and date:		Expenses Approved	\$	
		GL CODE		

All Professional Development outside Canada to be approved area Superintendent/Controller and Associate Director

Superintendent/Controller Signature:	Date:
Associate Director Signature:	Date:

SECTION C - to be completed only if funded by STPDL/OPC General Fund or Other Board Sources of Funding (such as Superintendent)

Signature of budget owner of Other Board Funding (such as Superintendent):	Expenses Approved	\$	
	GL CODE		

STPDL/OPC GENERAL FUND APPROVAL

Number of Days Supply Coverage Approved		Cost of Supply Coverage	\$	
---	--	-------------------------	----	--

TO CHARGE STPDL - Please use CODE 26, 27 or 67 on PAM / Timesheet

GL CODE :		Expenses Approved	\$	
Signature of STPDL/OPC General Fund Chair:			Date	