

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	