



COLLECTIVE AGREEMENT SITE PROFESSIONAL DEVELOPMENT APPLICATION FORM

****Prior to PD Activity, please forward this form to your School SITE PD COMMITTEE for approval; once approved, it will be returned.***

School:	Date:
Professional Development Activity:	
Location of Activity	
Date of Activity	
List of Attendees (use reverse if necessary)	
Benefit or Reason for Attending	
School PD Committee Approval:	
School PD Committee Approval:	
Principal's Signature	

Following the PD activity, expenses to be reimbursed must be detailed. Attach all receipts to this form and forward to the Site PD Rep for verification and submission to the Superintendent.

PLEASE ENSURE THAT THIS FORM IS USED FOR SCHOOL SITE PD CLAIMS ONLY. Signatures are required before the form will be considered. Incomplete forms will result in a delay of payment.

ACTIVITY COSTS <i>(Receipts Required in Canadian funds)</i>	Dollar Amount to be Reimbursed
Registration Fee or Fees Paid	
Accommodations	
Transportation by airfare, bus fare, taxi fare	
Resources related to the activity	
Auto travel calculated (km per round trip)=__ x \$0.49/km	
Other (parking, etc.)	
Total Amount to be reimbursed from Site Collective Agreement PD	
Substitute Teacher Costs (\$214.40/day x ___ days):.....	
Total PD Expense	

Reimbursement to be made to: _____

Principal's Signature: _____ Date: _____

CENTRAL OFFICE USE ONLY (form updated February 1, 2018)

Superintendent's Signature: _____ Date: _____

Please keep a copy of this form and any receipts for your own records.