



**BOARD/S.O.T.A.
IN-PROVINCE
WORKSHOP**



**Professional Development
Funding Request Form
for
TEACHING STAFF**

OFFICE USE ONLY:

Granted Denied

Authorization: _____

Level of Financial Support (details):

Account No.: _____

Date: _____

- Teacher's Copy
- Principal's Copy
- Secretary-Treasurer's Copy
- S.O.T.A. Professional Issues Chair

NAME: _____

SCHOOL: _____

Date of Request: _____

Registration Costs: _____

Substitute Costs: _____

Reimbursement to: School Individual

Last time you attended a conference with Board/S.O.T.A. divisional support (e.g. Fall, 1999) & amount of financial support received:

Please provide a brief rationale for requesting to attend this LOCAL workshop:

Teacher's Signature: _____

Administrator's Comments (supporting comments):



Signature: _____

NOTE: Please attach brochure with details regarding dates, sessions and times.