



**BOARD/S.O.T.A.
OUT OF PROVINCE**



**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: _____

**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 conference:

Teacher's Signature: _____



Administrator's Comments (supporting comments):

Signature: _____

NOTE: Everyone attending a conference with Board/S.O.T.A. Professional Development support will submit a brief conference report and expense claim for reimbursement to the Board/S.O.T.A. P.D. Committee c/o Assistant Superintendent – Curriculum and Program.

Please complete ALL information below – Requests that are incomplete will be returned.

Conference/Convention Title/Major Emphasis – Please attach brochure with details regarding dates, sessions and times:

Actual Dates of Conference: _____ **Location:** _____

Costs (in CANADIAN dollars) and based on INDIVIDUAL costs. Please complete ALL sections:

DESCRIPTION OF EXPENSES	CALCULATION/DETAILS	TOTAL COST (in Canadian \$)
Registration:	\$ _____ X _____ = (U.S. Rate)	\$
Transportation:		\$
Lodging: (based on actual single rate or individual portion if sharing accommodations)	_____ X _____ X _____ = (# of nights) (Single Hotel Rate) (U.S. Rate)	\$
Meals, Ground Transportation & all other incidental expenses are at a per diem rate of \$75.00 PER DAY (in U.S. Funds only if conference is in the U.S.)	_____ x \$75.00 x _____ = (# of days) (U.S. Rate)	\$
Substitute Coverage: (if applicable – see below)	_____ X \$155.00 = (# of days) (Substitute Rate)	\$
SUB-TOTAL:	In Canadian Dollars =	\$
Professional Development Funds from other sources: School: Principals are requested to indicate level of financial support the school is providing (if any). <i>Substitute coverage is covered by School P.D.</i> Other: Outside Organizations, etc.	Other Financial Support Provided by: School: \$ _____ = Sub Costs : \$ _____ = _____ (Principal's Signature) Other: \$ _____ = Name: _____	<i>Less Any Funding from Other Sources:</i> - \$ - \$ - \$
TOTAL FUNDING REQUEST:	In Canadian Dollars =	\$

NOTE: Once your conference funding has been approved by the Board/S.O.T.A. P.D. Committee, an advance of 80% of your approved funding amount will automatically be issued to you via direct deposit. These funds will be deposited into the same bank account which your pay is deposited into. You will receive a statement, sent to your school, via inter-office mail indicating the details of the deposit. Please allow approximately 2 weeks after receiving your approval for this transaction to be processed. If you do not attend the conference for which your funding was advanced – you will have to reimburse this amount to the Seven Oaks School Division.