



LETHBRIDGE SCHOOL DISTRICT No. 51

SUPPORT STAFF PROFESSIONAL DEVELOPMENT

FUND APPLICATION FORM

NAME: _____ SCHOOL: _____

ACTIVITY: _____ LOCATION: _____

DATE OF ACTIVITY: From: _____ up to and including _____. Number of days: _____

Briefly describe how this activity relates to your present work assignment.

Would you require a replacement? Yes: _____ No: _____ If yes, how many days? _____

EXPENSE REQUEST DETAILS:

Registration: _____	=	_____
Substitute required: _____ days @ _____	=	_____
Travel: _____ km @ 0.505/km	=	_____
Accommodation: _____ nights @ _____	=	_____
Subsistence: _____ days @ _____	=	_____
TOTAL:	=	_____

I require at least _____% of my requested total to be funded; otherwise I will withdraw this application.

PLEASE READ AND COMPLETE:

All staff must adhere to Lethbridge School District No. 51 policies while attending professional development activities. By signing this application you have read and understood policy 400.1 (guiding Principles) and policy 402.12 (Training and Development).

_____ Employee Signature	_____ Date	_____ Approved by immediate supervisor
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REIMBURSEMENT CLAIM:

Total requested:	=	_____
Total Support Approved including sub costs	=	_____

Comments:

NOTE: Register yourself; once you have attended the PD session, turn receipt(s) into Human Resources. If funding is no longer required, notify HR as soon as possible.

Rhonda Aos, Manager – Human Resources

Date

NOTICE TO APPLICANT

1. All staff must adhere to Lethbridge School District No. 51 policies while attending professional development activities. By signing this application you have read and understood policy 400.1 (guiding Principles) and policy 402.12 (Training and Development).
2. Applications must be sent to the Human Resources Department Administration **1 MONTH PRIOR** to the activity (may be sent by inter-school mail).
3. All receipts must be received **1 MONTH AFTER** the activity with a copy of the approved application.
4. **NO ADVANCES** will be made.
5. If, for some reason, your approved activity is cancelled or you cannot attend, please send written notification to the Human Resources Department immediately so that others may make use of the fund.
6. Employees may only be permitted to attend one PD Function per year if the budget allows.
7. This fund will not normally be used to support individuals to be absent from their duties for more than two days in a school year.

RATES ALLOWED

- A. **TRANSPORTATION:** \$0.505/km for destinations outside of city limits per carload.
- B. **MEALS:**
 - \$8.00/breakfast
 - \$11.00/lunch
 - \$20.00/supper
- C. **ACCOMMODATION:** \$60.00/night
- D. **REGISTRATION:** The amount required to attend the activity. Proof of registration is required which can include a receipt, cancelled cheque, statement, invoice, or credit card receipt.