

APPLICATION FOR FUNDING - INDIVIDUAL JOB SHADOWING AND IN-SERVICE

(Revised Feb. 2024)

Email Completed Form to office@d26.osstf.ca

*Incomplete applications **cannot** be processed.*

NAME (print): _____ SCHOOL: _____

Contact e-mail address: _____ Home Telephone: _____

School Telephone: _____

Principal Signature: _____ Date: _____

ACTIVITY DETAILS

Type of Activity: (not school/subject/department meetings)

___ Job Shadowing – UCDSB Location ___ Job Shadowing – non UCDSB Location ___ Non UCDSB In-Service

Location of Activity: _____ **Date of Activity:** _____

Purpose of Activity: (please include any reference material information)

FUNDING REQUEST

1. **EXPENSES:** *Estimate unknown costs*

Total reimbursement will not exceed \$250.00 (*plus Occasional Teacher costs*)

Travel (lesser of 0.64/km or train/plane fare): _____ km \$ _____

Child Care: (\$25 daily; max 2 days) \$ _____ Food (\$50 daily; max 2 days): \$ _____

2. **RELEASE TIME** (normally required to be away): (*max 1 day*) One Day _____ Half Day _____ None _____

3. **OCCASIONAL TEACHER REQUIRED:** (*max 1 day*) One Day _____ Half Day _____ None _____

Indicate *Occasional Teacher required* only if the applicant is to be released from classroom duties. The school will be reimbursed by the SPDF for approved OT costs.

EXPENSE CLAIM Following your event, submit SPDF Expense Claim Form. Original receipts are required for all expenses except mileage
