

APPLICATION FOR FUNDING INDIVIDUAL CONFERENCE/WORKSHOP



Email Completed Form to office@d26.osstf.ca

All sections must be completed before your application can be processed by the SOPDF Committee. <u>N.B.</u> You may access the Secondary Occasional PD Fund only once in a school year.

Date: Name (print): Contact e-mail address:		Check one: LTOor Casual OT	
		Home Address:	
		City: Postal Code:	
		- Home Phone #:	
School Na	me: (if applicable)	-	
A. <u>CONFE</u>	CRENCE/WORKSHOP INFORMATIO	<u>ON <i>Attach</i> completed conference registration form or receipt.</u>	
Full Title:		Location:	
Program Dates: From:		To:	
B. <u>FUNDI</u>	NG REOUEST		
1.	<u>EXPENSES</u>:Estimate unknown costs. Do not pTotal reimbursement will not exce	out check marks. eed <u>\$300.00</u> (including occasional teacher costs)	
	Registration Fees: \$	Travel (0.45/ km): \$	
	Accommodation: \$	Food (daily maximum \$40): \$	
	Child Care: (max. \$25 per day) \$	OT costs: \$	
2.	AN OCCASIONAL TEACHER IS F	REQUIRED FOR: 0 days Half day One day	
		if required to release the applicant from classroom duties. ly and will be reimbursed by the OSPDF for the paid portion.	
<i>Following th</i> mileage.	<i>he event</i> submit an SOPDF Expense Clair	m Form. Original receipts are required for all expenses except	
The Secondar	TO BE COMPLETED B ry Occasional Teachers' Professional Develop	BY THE OFFICE UPON APPROVAL pment Fund approves the following funding:	
Expenses with receipts: up to \$		Date Application approved:	
Occasional Teacher Cost: up to \$		Deadline for Claim:	
Conditions: _			
SOPDF office	er:	REF # ICW	