

## APPLICATION FOR FUNDING INDIVIDUAL JOB SHADOWING AND IN-SERVICE



Email Completed Form to office@d26.osstf.ca

All sections must be completed before your application can be processed by the SOPDF Committee.

N.B. You may access the Secondary Occasional PD Fund only once in a school year.

Date:	C	heck one: LTO: or Casual OT
Name (print):		ome address:
Contact e-mail address:		ome Telephone:
School (if applicable):		chool Tel +Fax #:
Principal Signat	ture:	
A. <u>ACTIVIT</u>	TY DETAILS	
(a) S (b) S (c) I	Activity: (not school/subject/department reschool Visitation Job Shadowing Regional or System Subject Meetings/in-set of Activity:  e of Activity: (please include any reference	Date of Activity:
	ESTIMATED EXPENSES:  Estimate unknown costs. Do not position to the position of the position o	Food (daily maximum \$40): \$
	Child/Dependant Care: (max. \$25 per day)	
Occasional The school p	Teacher costs are approved only if requi pays for the approved OT costs initially a SOP	IRED FOR: 0 days Half day One day red to release the applicant from classroom duties. and will be reimbursed for the approved portion by DF.  IFORM. Original receipts are required for all expenses
The Secondary Oc	TO BE COMPLETED BY THE OS ccasional Teachers' Professional Development	
Expenses with receipts: up to \$ Date Application approved:		Date Application approved:
Occasional Teacher Cost: up to\$		Deadline for Claim:
Conditions:		
SOPDF Officer: REF		EF# IJSI