

APPLICATION FOR FUNDING - INDIVIDUAL JOB SHADOWING AND IN-SERVICE

(Revised Sept 2017)

Email Completed Form to office@d26.osstf.ca

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

NAME (print): _____ SCHOOL: _____
Contact e-mail address: _____ Home Telephone: _____
School Telephone: _____ School Fax: _____
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 \$200.00 (*plus Occasional Teacher costs*)

Travel (lesser of 0.45/km or train/plane fare): _____ km \$ _____

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

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

3. OCCASIONALTEACHERREQUIRED: (*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
