APPLICATION FOR FUNDING - INDIVIDUAL JOB SHADOWING AND IN-SERVICE

(Revised Jan. 2026)

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 0.67/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. OCCASIONALTEACHER REQUIRED: (*max1day*) OneDay____ 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