



Professional Development Application

F 4-18

To be completed by the Employee a minimum of two weeks prior to the PD Activity	
Name	Location
Position	Department
Purpose of Request	Application submitted for <input type="checkbox"/> Compulsory Training or <input type="checkbox"/> Professional Development
Identify Activity	Location of Activity:
Date(s) of Activity	Other Staff Attending if applicable
Description of how activity focus relates to Division/School/Department Goals	
Describe how attendance at this activity will contribute to or improve student learning, assignment or job responsibilities	
Estimated Funds Requested (refer to AP 40-24): Registration Cost: \$ _____ Travel Cost: \$ _____ Accommodation Cost: \$ _____ Meal Cost: \$ _____ Substitute Cost: \$ _____ Other related costs: \$ _____ TOTAL COSTS: \$ _____ <i>All receipts for approved costs associated with this PD activity must be submitted with expense claims to Accounts Payable.</i>	
To be completed by the Supervisor. ALL PD Requests must be forwarded to HR once completed.	
<input type="checkbox"/> I have reviewed this request to ensure it meets the guidelines identified in AP 40-24. <input type="checkbox"/> I support this request <input type="checkbox"/> I do not support this request Reason for support or non-support:	
Name of Supervisor (please print):	
Signature:	Date:
Superintendent/Board Chair or designate authorization is required when PD activity occurs outside of Alberta or when the accumulated total of PD for the individual exceeds \$1,000.00 per school year. Requests from the Superintendent will be authorized by the Board Chair.	
Signature:	Date: