

REQUEST FOR PROFESSIONAL DEVELOPMENT

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|---|---|
| Name: | School Phone #: |
| School: | Zone: |
| Type of Professional Development: <input type="checkbox"/> Workshop/Conference <input type="checkbox"/> Webinar <input type="checkbox"/> On-demand Class/course <input type="checkbox"/> Credit Coursework <input type="checkbox"/> Non-credit Coursework <input type="checkbox"/> Other (Describe) _____ | |
| Name/Sponsored by: | Location: |
| Begin Date: | End Date: |
| Number of Sub Days Required: _____ Specify Dates of Sub Coverage: _____ to _____ | 3 Sub Days Max/year plus travel allowance: <300 km = ½ day (on both sides of leave, if ends midweek or Sunday) >600 km = 1 day (or 2 – see AP 423 10.4.5) |
| Estimate Cost: _____ | See claim information on Claim form 423-01(a) |
| A copy of brochure or information must be attached, prior to receiving approval. | |
| Does this request support your Professional Growth Plan? _____ | |
| Is this your first request this school year? _____ If no, please indicate 2 nd , 3 rd , etc. _____ | |
| Principal's Approval of Professional Growth Activity _____ <div style="text-align: right; margin-right: 50px;"> Signature of Principal (Prior to submission to Zone Rep) </div> <div style="text-align: right; margin-right: 50px;"> _____ Signature of Applicant </div> <div style="text-align: right; margin-right: 50px;"> Approved by: _____ Signature of Zone Rep </div> | |
| Date Received | |
| HINTON: | atahintonrep@gypsd.ca |
| EDSON (Elementary): | ataedson1rep@gypsd.ca |
| EDSON (Jr/Sr High): | ataedson2rep@gypsd.ca |
| LOBSTICK: | atalobstickrep@gypsd.ca |
| GRANDE CACHE: | atagcrep@gypsd.ca |
| JASPER: | atajasperrep@gypsd.ca |
| Requests must be submitted to the applicable Professional Growth Zone Rep a minimum of 2 weeks in advance of leave. **If leave is not taken, the zone rep must be notified within 5 days of the approved leave. Please send as ONE complete document. | |
| **All requests are subject to review by the Professional Growth Committee | |