

CUPE PG FUNDING APPLICATION

Date of Application:

Name:

School or Facility:

Job Title:

Work Phone:

Home Phone:

Name of Conference/Workshop:

Date of Conference/Workshop:

City of Conference/Workshop:

Description of Conference (Attached Conference Brochure):

For pre-approval, an application form (Form 443-01) shall be submitted to the CUPE Chair AT cupe1357pg@gypsd.ca of the CUPE Professional Growth Committee a minimum of 10 working days prior to the leave, unless a deadline is specified by the committee.

Applications received less than 10 working days, will be considered, but notification of application status may not occur prior to the convention sessions, conference, seminar or workshop.

CUPE PG FUNDING APPLICATION FORM

| | Rates/Maximums | Projected Expenses (Employee to Complete) Not to exceed Maximums | | |
|--|--|--|--|-------------------------------|
| All-inclusive Conference Fee see AP 443 | (Includes conference; and/or meals; and/or accommodations) | \$ | | |
| OR the maximum under: | | | | |
| Conference Fee * | \$500.00 max | \$ | | |
| Accommodation * | \$200.00/night, 3 nights | \$ | | |
| Private Accommodation (No receipt required) | \$50.00/night, 3 nights | \$ | | |
| Meals | <div style="text-align: right;">B - \$ 13 X =</div> <div style="text-align: right;">L - \$ 18 X =</div> <div style="text-align: right;">S - \$ 28 X =</div> | \$ \$ \$ Total \$ | | |
| Alternative Transportation * | | | | |
| Parking | | \$ | | |
| | | Sub- Total \$ | | |
| * Receipts required for Conference Fees, Accommodations, Parking and Alternative Transportation only. | | | | |
| Mileage | Mileage paid at the GYPSD Rate to a maximum of \$625 Mileage \$ | | | Kilometres Rate (Estimate) |
| Total Application \$ | | | | |
| <ul style="list-style-type: none"> Mileage is as per the mileage chart located at: http://www.gypsd.ca/index.php/downloads/maps/doc_download/503-gypsd-round-trip-distances Allowable mileage is calculated on a single return trip from regular workplace to the Conference site. Car-pooling is encouraged whenever possible. Cost of alternative transportation will be covered to a maximum of \$150.00 | | | | |
| Submit the CUPE PG Funding Expense Claim Form (Form 443-2), receipts and CUPE Professional Growth Reflection (Form 443-3) within 30 calendar days of conference to CUPE Chair of the CUPE Professional Growth Committee. | | | | |

Conference funding shall be for a maximum of three days.

A CUPE support staff member who is unable to attend an approved conference shall immediately notify the CUPE Professional Growth Committee.

Signature of Applicant

Signature of Principal/Department Head

Date Received by Committee Chair

Signature of Committee Chair

Distribution: Chair PG Fund Committee