



PROFESSIONAL DEVELOPMENT APPLICATION FORM

To be completed by Employee Requesting Funds (a minimum of two weeks in advance):	
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 for allocation amounts): Registration Cost: \$ _____ Travel Cost: \$ _____ Accommodation Cost: \$ _____ Meal Cost: \$ _____ Substitute Cost: \$ _____ Other related costs: \$ _____ TOTAL COSTS: \$ _____ <i>The auditors require that all receipts for approved costs associated with professional development be submitted with expense claims to Accounts Payable for reimbursement.</i>	
To be completed by Supervisor: <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: Reason for non-support:	
Name of Supervisor (please print):	
Signature:	Date:
<i>To be authorized by Superintendent or Designate when professional development activity occurs outside of Alberta or when the allotted amounts requested for Compulsory Training exceeds \$1,000.00 annually. Requests from Superintendent will be authorized by Board Chair.</i>	
Signature:	Date: