Pembina Hills
PUBLIC SCHOOLS

Professional Development Application

F4-18

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 ☐ Compulsory Training or ☐ 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: $ 0

All receipts for approved costs associated with this PD activity must be submitted with expense claims to Accounts Payable.

To be completed by Supervisor. Forward form to HR once complete.

☐ I have reviewed this request to ensure it meets the guidelines identified in AP 40-24.

☐ I support this request ☐ 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 allotted amounts requested exceeds $1,000.00 per school year. Requests from the Superintendent will be authorized by the Board Chair.*

Signature:	Date: