



**PROFESSIONAL DEVELOPMENT APPLICATION FORM**

<b>To be completed by Employee Requesting Funds (a minimum of two weeks in advance):</b>	
<b>Name:</b>	<b>Location:</b>
<b>Position:</b>	<b>Department:</b>
<b>Purpose of Request:</b>	<b>Application submitted for:</b> <input type="checkbox"/> Compulsory Training or <input type="checkbox"/> Professional Development
<b>Identify Activity:</b>	<b>Location of Activity:</b>
<b>Date(s) of Activity:</b>	<b>Other Staff Attending if applicable:</b>
<b>Description of how activity focus relates to Division/School/Department Goals:</b>	
<b>Describe how attendance at this activity will contribute to or improve student learning, assignment or job responsibilities:</b>	
<b>Estimated Funds Requested (refer to AP 40-24 for allocation amounts):</b> Registration Cost: \$ _____ Travel Cost: \$ _____ Accommodation Cost: \$ _____ Meal Cost: \$ _____ Substitute Cost: \$ _____ Other related costs: \$ _____ <b>TOTAL COSTS: \$ _____</b> <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>	
<b>To be completed by Supervisor:</b> <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 <b>Reason for support:</b>  <b>Reason for non-support:</b>	
<b>Name of Supervisor (please print):</b>	
<b>Signature:</b>	<b>Date:</b>
<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>	
<b>Signature:</b>	<b>Date:</b>