



Central Coast Teachers' Association / School District #49  
 Application for Professional Development Funds  
**For Books/Periodicals/ Software**



This is your Personal PD Fund application for the purchase of professional periodicals, books and software . This application will need to be approved by Professional Development Committee prior to purchase. Give your application to your school PD rep prior to the Committee's regular meeting date which is during the first week of each month.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

List the periodicals, books and/or software that you would like to purchase for your professional development and the prices or approximate prices, and if necessary explain how these purchases relate to your professional development.

Item	Cost
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
	Total \$ _____

\_\_\_\_\_  
 \_\_\_\_\_

Once the PD Committee has approved your proposed list you can make your purchases and then forward a copy of this request with receipts attached to the committee for reimbursement.

PD Committee approval:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date





# Professional Development Expense Claim Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Function Attended: - \_\_\_\_\_

Location: \_\_\_\_\_

Transportation (attach receipts- note minimum claim is return airfare)

- Airfare: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
and/or
- Mileage \_\_\_\_\_ km @ .52 / km. \$ \_\_\_\_\_
- Taxi \$ \_\_\_\_\_

Sub total \$ \_\_\_\_\_

Accommodations: (attach receipts- or claim \$25 per night if you stay with friends)

Sub total \$ \_\_\_\_\_

Meals : (Maximum- \$50 / day)

\_\_\_\_\_ days @ \$50 = \$ \_\_\_\_\_

Breakfast (\$12) \_\_\_\_\_ Lunch (\$15) \_\_\_\_\_ Dinner (\$23) \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Registration & Other:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Expense Claim Total \$ \_\_\_\_\_

Advance \$ \_\_\_\_\_

Balance Due to me/ PD Fund \$ \_\_\_\_\_

Approved: \_\_\_\_\_

\_\_\_\_\_  
Professional Development Chairman



Central Coast Teachers' Association / School District #49  
**Annual Professional Development Plan**  
**BCE/NES/SAMS /Shearwater/Oweekeno**



Name \_\_\_\_\_

For the School Year \_\_\_\_\_

Date: \_\_\_\_\_

Goals/Objectives:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Process:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Resources (people, money, books, time.) \_\_\_\_\_

\_\_\_\_\_

Suggestions for the PD Committee (What assistance can we give to help you achieve your goal?)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THIS FORM IS TO BE COMPLETED AND SUBMITTED TO YOUR SCHOOL PD REPRESENTATIVE PRIOR TO THE OCTOBER PD MEETING IN ORDER TO ACCESS YOUR PD FUNDS FOR THE YEAR.**

Your needs and interest help the PD Committee determine areas of “group” concern and help plan school wide activities. Plans are filed with the PD Committee.

\_\_\_\_\_  
 Teacher's Signature

\_\_\_\_\_  
 School PD Representative

\_\_\_\_\_  
 PD Chairperson



Central Coast Teachers' Association / School District #49

Application for Personal Professional Development

# Personal Study Session



**This form must be filled out on all PD Days where the member is not participating in an organized school or district wide Professional Development workshop.** The Professional Development Committee must approve your Personal Study Plan application before the activity happens. Your application should be submitted to your school ProD rep in time for consideration at the monthly PD Committee meeting (during the first week of each month).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Brief description of your personal study session:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to share the info you gain with colleagues and how will they benefit or collaborate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of activity:

\_\_\_\_\_  
\_\_\_\_\_

Location of activity:

\_\_\_\_\_

If this study session is in another location other than your regular work place, has it been approved by your administrator? Yes No

If no, please seek approval from your worksite administrator prior to the session.

Signatures:

\_\_\_\_\_  
School PD Rep (Date Received)

\_\_\_\_\_  
PD Chair (Date Approved)

Note:

Your school PD Rep will advise you of approval or non-approval of your application. Leave is not part of this approval, nor is it automatically granted. Submit your Request for Leave form to your principal if needed as soon as possible! You must contact the sub line (982 2356) and request a substitute if needed.