

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:		
<u>.</u>	nat you would like to purchase for your professional development necessary explain how these purchases relate to your professional		
Item	Cost		
1	<u> </u>		
2	<u></u>		
3	\$		
4	\$		
5	<u> </u>		
6	\$		
7			
	Total \$		
	proposed list you can make your purchases and then forward to the committee for reimbursement.		
PD Committee approval:			
Signature	Date		



Central Coast Teachers' Association / School District #49

Application for Personal Professional Development Funds



Workshops / Conferences / Visitations

The Professional Development Committee must approve your application before the activity happens. Your application should be submitted to your school's ProD rep in time for consideration at the monthly PD Committee meeting (during the first week of each month).

Name:		Date:	
	activity you wish to participa		
• 1	e the info you gain with col	•	
Date (s) requested for tra	ivel to activity:		
-	d to a maximum of \$500 (the	-	ission of recepits and a claim
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 asap! You must contact the sub line (982 2356) and request a substitute.

Submit receipts along with an Expense Claim Form after your return.

Re-inbursement cannot be made without receipts.



Central Coast Teachers' Association / School District #49



Professional Development Expense Claim Form

Name:	Date:	
Function Attended:		
Location:		
Transportation (attach receipts- note minir	num claim is return airfare)	
	*	
• Airfare: \$		\$
and/or	0.4	ф
• Mileagekm @ 0.68	3/	\$
km.		\$
• Taxi		Ψ
	Sub total	\$
Accommodations: (attach receipts- or clai	m \$25 per night if you stay with f	friends)
	Sub total	\$
	Sub total	Ψ
Meals: (Maximum- \$55 / day)		
days @ \$.	55 = \$	
D 16 (010) I 1 (015)	D' (40.6)	
Breakfast (\$12) Lunch (\$17)	Dinner (\$26) Sub Total	\$
Registration & Other:	Sub Total	Φ
\$\$		
\$	Sub Total	\$
	Evnance Claim Tatal	¢
	Expense Claim Total	\$
	Advance	\$
		'
	Balance Due to me/ PD Fund	\$
Ammoved	Durafassianal Davidanas	ot Chainneas
Approved:	Professional Developmen	u 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	e can we give to help you achieve your goal?)
THIS FORM IS TO BE COMPLETED AND SUB- REPRESENTATIVE PRIOR TO THE OCTOBER	
ACCESS YOUR PD FUNDS FOR THE YEAR. Your needs and interest help the PD Committee det	termine areas of "group" concern
and help plan school wide activities. Plans are filed	
Teacher's Signature	
-	
School PD Representative	
PD Chairperson	



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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 yo	our personal study session:		
How do you plan to sh	nare the info you gain with coll	leagues and how will they b	enefit or collaborate?
Date of activity:			
Location of activity:			
	in another location other than No	your regular work place, ha	as it been approved by your ad-
If no, please seek appr	oval from your worksite admi	nistrator prior to the session	ı .
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.