

## REQUEST FOR PROFESSIONAL DEVELOPMENT

Name:	School Phone #:		
School:	Zone:	Edson Jasper	Grande Cache Lobstick
Type of Professional Development: <input type="checkbox"/> Workshop/Conference <input type="checkbox"/> Webinar <input type="checkbox"/> On-demand Class/course <input type="checkbox"/> Credit Coursework <input type="checkbox"/> Non-credit Coursework <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Masters, Doctoral &/or LQS Coursework			
Event/Provider	Location:		
Begin Date:	End Date:		
Number of Sub Days Required: _____ Specify Dates of Sub Coverage: _____ to _____	3 Sub Days Max/year plus travel allowance: <300 km = ½ day (on both sides of leave, if ends midweek or Sunday) >600 km = 1 day (or 2 – see AP 423 10.4.5)		
Estimate Cost: _____	See claim information on Claim form 423-01(a)		
Please attach a detailed description of the event from the provider.			
Does this request support your Professional Growth Plan? ___ Yes			
Is this your first request this school year?    Yes    No    If no, please indicate    2    3    4			
Masters, Doctoral &/or LQS coursework <b>ONLY</b> . Do you wish to combine your PGP monies for reimbursement?    Yes    No			
<b>Principal's Approval of Professional Growth Activity</b>  _____ Signature of Principal (Prior to submission to Zone Rep)		_____ Signature of Applicant	
_____ Date Received by Zone Rep		<b>Approved by:</b> _____ Signature of Zone Rep	
HINTON:	atahintonrep@gypsd.ca	<b>Requests must be submitted to the applicable Professional Growth Zone Rep a minimum of 2 weeks in advance of leave. **If leave is not taken, the zone rep and relevant co-chair must be notified within 5 days of the approved leave.</b>  Please send request form and supporting documents as <b>ONE</b> attachment .	
EDSON:	ataedsonrep@gypsd.ca		
LOBSTICK:	atalobstickrep@gypsd.ca		
GRANDE CACHE:	atagcrep@gypsd.ca		
JASPER:	atajasperrep@gypsd.ca		
<b>**All requests are subject to review by the Professional Growth Committee</b>			