



Request for Professional Development

Form 423-01

Name:	School Phone #:	
School:	Zone:	
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) _____		
Name/Sponsored by:	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 midweek) >600 km = 1 day	
Estimated Cost: _____	See claim information on Claim form 423-01(a)	
A copy of brochure or information must be attached, prior to receiving approval.		
Does this request support your Professional Growth Plan? _____		
Is this your first request this school year? _____ If no, please indicate <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		
Principal's Approval of Professional Growth Activity		
_____ Signature of Principal (Prior to submission to Zone Rep)		
_____ Signature of Applicant		
_____ Date Received	Approved by: _____ Signature of Zone Rep	
HINTON:	atahintonrep@gypsd.ca	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 must be notified within 5 days of the approved leave. Please send as ONE complete document.
EDSON (Elementary):	ataedson1rep@gypsd.ca	
EDSON (Jr/Sr High):	ataedson2rep@gypsd.ca	
LOBSTICK:	atalobstickrep@gypsd.ca	
GRANDE CACHE:	atagcrep@gypsd.ca	
JASPER:	atajasperrep@gypsd.ca	
**All requests are subject to review by the Professional Growth Committee		