

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			
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 No			
Is this your first request this school year? Yes No If no, please indicate 2 3 4			
Principal's Approval of Professional Growth Activity _____ <div style="text-align: center;">Signature of Principal (Prior to submission to Zone Rep)</div> _____ <div style="text-align: center;">Signature of Applicant</div> <div style="text-align: center;">Approved by:</div> _____ <div style="text-align: center;">Signature of Zone Rep</div>			
HINTON:	atahintonrep@gypsd.ca	Requests must be submitted to the applicable Professional Growth Zone Rep a minimum of 1 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. Please send request form and supporting documents as ONE attachment .	
EDSON:	ataedsonrep@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			