

CLAIM FOR PROFESSIONAL DEVELOPMENT

Name:	Today's Date:				
School:	Substitute	ATA Zone:	Edson Jasper	Grande Cache Lobstick	Hinton
Date(s) of Professional Development Activity: _____		Location: _____			
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					
CLAIM INFORMATION:					
(A) SUBSTITUTE COVERAGE					
Certified Teacher _____ days @ \$224.44 per day = _____					(A) = _____
Classroom Supervisor _____ days @ \$132.38 per day = _____					
(B) APPLICANT CLAIM: (If applicable, you must also attach bank or credit card statements showing exchange rate, and amount paid in Canadian funds.)					
<input type="checkbox"/> Accommodation (attach receipt)					= _____
<input type="checkbox"/> Private Accommodation Allowance (\$30/night)					= _____
<input type="checkbox"/> Registration Fee (attach receipt)					= _____
<input type="checkbox"/> Required resources(Attach proof of requirement) (attach receipt)					= _____
<input type="checkbox"/> Subsistence _____ Days x \$57/ Day					= _____
TRAVEL EXPENSES:					
<input type="checkbox"/> Economy Airfare + standard baggage for 1 bag (attach receipt)					= _____
<input type="checkbox"/> Trip Cancellation Insurance (attach receipt)					= _____
<input type="checkbox"/> Return mileage to airport _____ km @ ATA Rate \$0.53					= _____
OR					
<input type="checkbox"/> Mileage _____ km @ ATA Rate \$0.53					= _____
<input type="checkbox"/> Parking (attach receipt)					= _____
<input type="checkbox"/> Uber/Taxi (excluding tip) - to and from airport or hotel and conference site (attach receipt)					= _____
TOTAL PAYABLE TO TEACHER					(B) = _____
(C) TOTAL CLAIM					(C) = _____
_____ Signature of Applicant					
_____ Date Received by ESC			_____ ESC Authorization		
**Completed claim form and ALL receipts must be scanned <u>within 30 days</u> of the Professional Development Activity and sent as ONE document to the correct PD Co-Chair at atapg@gypsd.ca (Grande					

Cache, [Hinton](#), Jasper) **OR** atapg2@gypsd.ca (Edson, [Lobstick](#)). Certificate of completion or a copy of mark should be attached where applicable.

REFLECTION

1. In what ways has your Professional Development Activity been successful?

2. What would have helped to make your Professional Development Activity more successful?

3. In what ways has attending this Professional Development Activity improved your teaching?

4. In what ways do you plan to share this with your colleagues?