

REQUEST FOR PROFESSIONAL DEVELOPMENT (Substitute Teacher)

Name:	School Phone #:			
	Zone:	Edson Jasper	Grande Cache Lobstick	Hinton
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:		
Have you been employed by GYPSD for a minimum of 25 days in the current and/or most recent school year? Yes Please email this form and all support documents to Human Resources for confirmation of days of service to hrsupport@gypsd.ca . HR confirmation HR will then forward all documentation to the Office of the Superintendent for approval.				
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. Please attach PGP for review by Superintendent.				
Is this your first request this school year? Yes No If no, please indicate 2 3 4				
Superintendent's Approval of Professional Growth Activity _____ Signature of Superintendent or Designate (Prior to submission to Zone Rep)		_____ Signature of Applicant		
_____ Date Received by zone rep		Approved by: _____ Signature of Zone Rep		
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 forms and all 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				