**Sunrise School Division / Sunrise Teacher’s Association**

**Professional Development Fund Application 2023 - 2024**

**Note: This form must be completed, submitted (scanned), and approved by the STA PD Committee PRIOR to the commencement of your PD activity.**

\* Required Fields

\*Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Town or City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*School(s) / Home base: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Teaching status: Permanent \_\_\_Term \_\_\_

\*Name of PD activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Address of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Goals / objectives of the PD project / activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Explain how you plan to integrate this learning into your Professional practices. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Briefly describe how you will share your experience with your Professional colleagues. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Have you received funding for the *CURRENT* Funding Year? [ ]  Yes [ ]  No

State the application number and the funding received. Application # \_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_\_

**NOTE: PD APPLICATION NUMBERS ARE RECORDED AT THE TOP LEFT HAND CORNER OF THE *APPROVED EXPENSES* FORM**

**Out of Province Funding**

**IMPORTANT: If applying for Out of Province Funding, please review Section 4 in PD Guidelines.**

Permanent Teachers have the right to apply for Out of Province PD funding **ONCE every 3 years**.

To qualify for Out of Province PD Funding for the **2023 - 24** school year, your most recent funding would have occurred in the **2020 – 21 school year**.

If you have received Out of Province PD funding in past years, state the month and year of the most recent PD attended. Month / Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*PD Cost Breakdown: Please fill in all that apply  *Amounts***

|  |  |
| --- | --- |
| ***Description of Estimated or Actual Expenses*** | ***CAN ($)*** |
| *Substitute Teachers*- ($ 200.00 full day; $100.00 half day) Use Code PD 17 on your Sub Form |  |
| **NOTE: CONVERT ALL US $ TO CANADIAN $****PLEASE SHOW THE EXCHANGE RATE MULTIPLIER HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| *Registration Fees*: |  |
| *Vehicle Expense* **This section must be completed if you are claiming for Vehicle Travel****Travel may be claimed ONLY if the distance to the PD is GREATER than your NORMAL DAILY COMMUTE to / from work****PD Commute**  **Home** (physical address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PD** (physical address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Return Distance to / from PD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Km.**Normal Daily Commute**  **Home** (physical address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Work** (physical address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Distance to / from Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Km.**Difference between PD commute and Daily commute to work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Km X .68 / km =**   |  |
| *Ground Transportation*- from destination airport to hotel, return |  |
| *Travel*– Air / baggage (economy class only)  |  |
| *Accommodations*-  |  |
| *Meals*- Lunch ($20.00 *where not provided*) for in Province. Or Out of Province - $70.00 per day1  |  |
| *Dependent Care*2 |  |
| *Parking* |  |
| **Total Request to Contractual PD Committee** | **$** |

**\*Applicant Signature \*Principal / Administrator Signature**

**Meal Expense1** **Breakfast (up to $15.00); Lunch – where not included at the PD (up to $20.00); Dinner (up to $35.00)**

**Dependent Care2 Up to $15.00 / hr. (Provide receipt(s), dates & time of day)**

**In Order to Speed Up Processing of Applications, Please Use This Checklist**

1. **Application Information complete and correct?**
2. **CHECK YOUR MATH. Sunrise reimburses in Canadian $. Convert all US $ to Canadian $**
3. **Do you have a hard copy of the Conference Brochure or Outline AND a Registration form, with costs?**
4. **Have you signed your application form? Has your Principal signed?**
5. **SCAN YOUR APPLICATION (2 pages), BROCHURE (1 page) & REGISTRATION FORM (1 page).**
6. **SEND TO YOUR Email.**
7. **Save the PDF as YOUR NAME.**
8. **SEND DOCUMENTS AS ONE PDF (see icon example above) FROM YOUR EMAIL TO:** **pd@sunriseteachers.ca** **. Use YOUR FIRST AND LAST NAME IN THE SUBJECT LINE. Example – S.Klos PD**
9. **NOTE: Save receipts for your Reimbursement Claim. DETAILED RECEIPTS must support all expenses.**

**KEEP A COPY OF THIS DOCUMENT and ALL RECEIPTS FOR YOUR RECORDS**

1. **Please no FAX’s or HARD COPIES. Emails only.**