

**PD #**

**PROFESSIONAL DEVELOPMENT FUND APPLICATION FORM (2011-12)**

All conditions, as specified in the PETL PD funding guidelines, must be met in order for funds to be approved. Current guidelines are accessible at [www.etfopeel.com](http://www.etfopeel.com) under the PD Funding tab.

**FORWARD ALL APPLICATIONS, FORMS, AND RECEIPTS TO:**

**Secretary-Treasurer**

via Board Courier: **Peel Elementary Teachers' Local, The Educator's Centre**

via Fax: **905-564-7236**

For inquiries, please contact the Secretary-Treasurer

by Phone: **905-564-7233**

via email: [treasurer@etfopeel.com](mailto:treasurer@etfopeel.com)

Name:	School or Work Location / Superintendent:	Date of Application:
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Date of Activity: <i>(e.g., May 23, 2011) to (e.g., May 23, 2011)</i>	Name of Activity / Conference:	Location of Activity:
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<p><b>CONFERENCE FUNDS REQUEST</b> <i>(Please apply for FULL costs)</i></p> <p>Registration: \$ _____</p> <p>Transportation: Transit \$ _____ Parking \$ _____ Mileage (for driver only) \$ _____ km x0.52=\$ _____</p> <p>Accommodation: \$ _____ <i>(room/taxes/fees only – no meals)</i></p> <p><b>Total</b> \$ _____</p>	<p><i>- Office Use Only -</i></p> <p><input type="checkbox"/> <b>FUNDS APPROVED</b></p> <p>Registration: \$ _____</p> <p>Transportation: Transit \$ _____ Parking \$ _____ Mileage (for driver only) \$ _____ km x0.52=\$ _____</p> <p>Accommodation: \$ _____ - STPDL</p> <p><b>Total</b> \$ _____</p> <p><u>OT days approved</u> ____ days @ \$245.00 = \$ _____</p> <p>Date Approved: _____ <i>(e.g., May 23, 2011)</i></p> <p><b>Signature of Secretary-Treasurer:</b> X</p>	<p><i>- Office Use Only -</i></p> <p><input type="checkbox"/> <b>Funds Held</b></p> <p>Registration: \$ _____</p> <p>Transportation: Transit \$ _____ Parking \$ _____ Mileage (for driver only) \$ _____ km x0.52=\$ _____</p> <p>Accommodation: \$ _____ - STPDL</p> <p><b>Total</b> \$ _____</p> <p><u>OT days to be paid to the PDSB</u> ____ days @ \$245.00 = \$ _____</p> <p>Date Approved: _____ <i>(e.g., May 23, 2011)</i></p> <p><b>Signature of Secretary-Treasurer:</b> X</p>
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Signature of Member: X	Signature of Principal/Supervisor: X
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<b>Additional instructions</b>	<ol style="list-style-type: none"> <li>Member must fill out this application form and send the original, along with a copy of conference information (e.g. flyer or registration form) and a <b>copy</b> of your STPDL form, to the PETL Office. Retain a copy for your records. Applications must be <b>received in the PETL Office at least 10 school days prior to the first day of the activity in order to be eligible.</b></li> <li>PETL Office will return an approved/denied copy of this PD form to the member via Board courier. Please inform the PETL Office (905-564-7233) if you no longer require funding so that the funds can be reallocated to another member.</li> <li>If approved, <b>within 90 days after attending the activity</b>, return: i) a <b>copy</b> of this approved PETL PD form; ii) a final copy of approved/denied STPDL form, if not submitted at the time of application; and iii) receipts for all approved expenses, excluding mileage. <i>Please retain copies for yourself.</i></li> </ol>
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**The following sections to be completed by Secretary-Treasurer or Designate.**

<input type="checkbox"/> <b>FUNDS DENIED</b> Incomplete - Late - Funds Exhausted - Previous AQ/PD - Other	Signature of Secretary-Treasurer _____ <i>(e.g., May 23, 2011)</i>
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Paid to Member \$ _____ Cheque Number _____ Allocation <i>Prof. Devel.: Conf. Funding</i> Date Issued _____ Treasurer's Signature _____	OT Days \$ _____ Invoice # _____ Cheque Number _____ Allocation <i>Prof. Devel.: Conf. Funding</i> Date Issued _____ Treasurer's Signature _____	OT Days \$ _____ Invoice # _____ Cheque Number _____ Allocation <i>Prof. Devel.: Conf. Funding</i> Date Issued _____ Treasurer's Signature _____
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