

**PEEL DISTRICT SCHOOL BOARD
SHORT TERM PROFESSIONAL DEVELOPMENT
LEAVE REQUEST FORM
TEACHING STAFF ONLY**

APPLICANTS ARE TO FILL OUT THE FORM, OBTAIN SUPERVISOR APPROVAL AND FORWARD TO THE STPDL COMMITTEE FOR APPROVAL. ONCE APPROVED BY THE STPDL COMMITTEE THE ORIGINAL SHOULD BE RETURNED TO THE APPLICANT. THE APPLICANT SHOULD RETAIN A COPY FOR THEIR RECORDS AND SEND THE ORIGINAL TO ACCOUNTING WITH THE APPROPRIATE RECEIPTS FOR REIMBURSEMENT. IF AN ADVANCE IS REQUESTED THE RECEIPTS MUST ACCOMPANY THE FINAL REQUEST FOR PAYMENT AND SHOULD BE MADE WITHIN 30 DAYS OF THE EVENT.

Date of Request _____ Employee Group Name _____

**PERSONAL
INFORMATION**

Name	School
Department	Last Leave

**LEAVE
INFORMATION**

Activity Name	Location
Description of Activity	Dates of Activity
	From _____ To _____
	Dates of Work
	From _____ To _____

**BUDGET
INFORMATION**

Registration Fee	_____	Advance if total expenses are more than \$250	
Accommodation	_____		
Meals	_____	Advance up to 90%	\$ _____
Transportation	_____		
Total Km x \$.45	_____	Final Reimbursement	_____
Other	_____		
Total Expenses	<u>\$ -</u>	Total Reimbursement	<u>\$ -</u>
Signature of Applicant		Signature of Chair	

**SUPPLY STAFF &
SUPERVISOR
APPROVAL**

To be completed by Principal or Supervisor		CODE 67 ON PAM OR TIMESHEET	
No. of Supply Days	_____		\$ _____
Account Code To Be Charged			
Date		Principal/Supervisor Signature	

**STPDL COMMITTEE
APPROVAL**

To be completed by Chair of STPDL Committee			
Approve Leave	<input type="checkbox"/>	Signature of Chair	
Do Not Approve Leave	<input type="checkbox"/>		
Reason for Not Approving Leave		Date	_____
Account Code To Be Charged			

ADVANCE FINAL

DATE PROCESSED IN ACCOUNTING _____

VENDOR NUMBER _____