

Please forward your completed application to the PD Committee through school mail or by fax (3049).

South Shore Regional Professional Development Fund Application Form – Educational Leave of Less Than One Year (1-21 Days)

Name		Professional Number
Primary Work Location	Contract Status (Permanent, Probationary, or Term)	
Current Assignment	Email Address	
Purpose of Leave		Number of Teaching Days
Dates of Leave		Teaching Percentage

Please review the guidelines for Educational Leaves of Less Than One Year (1-21 Days) prior to submitting your application. Please consult monthly application deadlines and meeting dates in the Guidelines booklet, as late applications will not be accepted by the Committee.

Previous Educational Leaves (within the last 3 years)

School Year	Number of Days in Leave	Purpose of Leave

This form must be accompanied by a clear and detailed outline of the proposed Educational Leave

Applicant's Signature	Date
-----------------------	------

Approval

Supervisor's Signature	Supports Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
------------------------	--	------

(If the Supervisor does not support the application, please attach a letter explaining why not.)

Director of HR's Signature	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
----------------------------	--	------

The Director of HR's signature approves the teacher to be away from his/her assignment only. Reimbursement of any costs associated with the leave must be approved by the Professional Development Committee.

PD Committee Co-Chair's Signature	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
-----------------------------------	--	------