South Shore Regional Professional Development Fund Application Form – Educational Leave of Less Than One Year (60-75 Days)

Name				Professional Number	
Primary Work Location		Contract Sta	Contract Status (Permanent, Probationary, or Term)		
Current Assignment		Email Addre	Email Address		
Purpose of Leave	I		Number of Teaching Days		
Dates of Leave				Teaching Percentage	
Please review the guidelines for Educational Leaves of Less Than One Year (60-75 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 5 years)					
School Year Number of Days in Leave		Purpose o	Purpose of Leave		
				1 4.1.4000 01 204.10	
This form must be accompanied by a clear and detailed outline of the proposed Educational Leave and a clear and detailed explanation of how the proposal meets one or more of the program priorities established by the School Board and any additional criteria established by the Committee					
Applicant's Signature		Date			
Approval					
Supervisor's Signature		upports Application		Date	
	Ţ	☐ Yes □	□ No		
(If the Supervisor does not support the application, please attach a letter explaining why not.)					
Director of HR's Signature		pproved		Date	
	Į (☐ Yes □	□ No		
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		Date	
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August 2013