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 (Perm				s (Permanen	t, 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 /	ports Application		Date	
		☐ Yes		No		
(If the Supervisor does not support the application, please attach a letter explaining why not.)						
Director of HR's Signature		Approved			Date	
		☐ 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	
		☐ Yes		No		

August 2013