Please forward your completed application to the PD Committee through school mail or by fax (3012).

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

| Name | Professional Number | Contract Status (Permanent, Probationary, or Term) |
| :--- | :--- | :--- |
| Primary Work Location | Email Address | Number of Teaching Days |
| Current Assignment |  |  |
| Purpose 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 <br> $\square$ Yes $\quad \square$ No | Date |
| :--- | :--- | :--- |

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

| Director of HR's Signature | Approved <br> $\square$ Yes$\square$ No |
| :--- | :--- | :--- |$\quad$| 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 <br> $\square$ Yes$\square$ No | Date |
| :--- | :--- | :--- |

