South Shore Regional Professional Development Fund Application Form – Educational Leave of One Year

Completed applications must be received at Regional Office by 4:30 PM on February 13th

Name					Professional Number	
Primary Work Location	(Contract Status		PERMANENT		
					PERMANENT	
Current Assignment			Email Addre	SS		
Purpose of Leave					Years Employed by SSRSB	
consult monthly application dea accepted by the Committee.	adlines and meeting dat				ubmitting your application. Pleas as late applications will not b	
Previous Educational Leaves (·					
School Year	Number of Day	Number of Days in Leave		Purpo	Purpose of Leave	
	proposal meets one or mo				cational Leave and a cl ear and ablished by the School Board and	
Applicant`s Signature			Date			
Approval						
Supervisor's Signature		Supports	Applicatio	n	Date	
		☐ Yes		l No		
(If the Supervisor does not suppo	ort the application, please	e attach a let	ter explair	ning why i	not.)	
Director of HR's Signature		Approved			Date	
		☐ Yes		l No		
The Director of HR's signature a costs associated with the leave r					ent only. Reimbursement of an	
PD Committee Co-Chair's Signature		Approve	d		Date	
9				l No		