South Shore Regional NSTU Article 60 Professional Development Fund Application Form – Teacher Initiated In-Service

Please review the guidelines for Teacher or School Staff Initiated In-Services prior to submitting your application. Please consult monthly application deadlines and meeting dates in the guidelines of the PD Committee on the Regional Centre's website, as late applications will not be accepted by the Committee. (Members may access Teacher Initiated In-Services once per school year.)

This form must be accompanied by	a clear and detailed o	<u>utline</u>					
Name		Professional Number					
Civic Address							
Primary Work Location			Contract Status: Permanent, Probationary, or Term. Long- Term Substitutes are not eligible.				
Current Assignment			Work Related Email Address				
In-Service Theme/Name			Anticipated # of Teachers		f	Anticipated # of Substitutes Required	
In-Service Dates (Must take place/be held during school hours.)			In-Service Location				
Other Schools Participating							
Expenses	Anticipated Costs	Anticipated Costs			Notes		
Presenter's Honorarium or Gifts	\$	\$			Either an honorarium or gift can be claimed		
Presenter's Travel	km	km \$			\$0.5113 per km or actual expenses for other modes of travel		
Presenter's Meals	\$	\$				Maximum \$45 per day (Breakfast \$10, Lunch \$15, Dinner \$20)	
Presenter's Lodging	\$	\$			Maximum \$150 per night		
Nutrition Break	\$	\$			\$3/attendee/day (when more than 1 school is participating)		
Other allowed expenses	\$	\$			Please attach a separate outline of anticipated expenses		
Total Costs	\$	\$			Guideline expense limit of \$1000.00 (Additional funding of \$25 per teacher in excess of 20 attending the in-service.)		
Substitute Days for Organizers		days					
Applicant`s Signature			Date				
Supervisor's Signature		Supports Application				Date	
		☐ Yes ☐ N			0		
Approval						,	
Regional Executive Director's Signature			Approved □Yes □N			Date	
The Regional Executive Director's signature approves the teacher to be awa						hursement of any casts associated with	
the leave must be approved by the Professional		/ IIUITI IIIo/	TIEL ASSIYIIII	len o	IIIУ. П о ппы	DUISEMENT OF ANY COSTS ASSOCIATED WITE	
PD Committee Co-Chair's Signature		Approv	ed			Date	
		Yes	j	□ No	0		