

The original signed copy of this form with original supporting documents must be submitted to the PD Committee at the SSRCE Regional Office. **Fax and email will not be accepted.**

South Shore Regional NSTU Article 60 Professional Development Fund Expense Claim – Professional Development Grant

Please consult application deadlines and guidelines of the PD Committee on the Regional Centre's website. **Late submissions will not be accepted by the PD Committee.** Each claim form (one form per course) must have its OWN supporting documents.

This form must be accompanied by:

- A statement of payment for the course;
- Receipts for all other claimed expenses;
- Proof of successful completion of the course;
 - For credit courses, a document from the institution showing the mark indicating successful completion of the course (official transcript is not necessary);
 - For non-credit courses, a statement of successful course completion from the course provider (**you are responsible to apply for and receive PD Committee approval for a non-credit course prior to the beginning of the course**).

| | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------|
| Name | Professional Number |
| Civic Address | |
| Primary Work Location | Contract Status: Permanent, Probationary, or Term (<i>Long-Term Substitutes are <u>not</u> eligible</i>) |
| Current Assignment | Work Related Email Address |

| Course Information | |
|--------------------|---------------------------|
| Course Code | Course Name |
| Institution | Credits (1/2, 1, or None) |
| Start Date | End Date |

| Expense Information | | | |
|----------------------------------------------------------------------------------------------------|---------|---------------|------|
| Tuition/Registration minus bursaries and/or grants | Tuition | Bursary/Grant | = \$ |
| Books (not including shipping charges) | | | \$ |
| Student fees | | | \$ |
| Other allowable fees (transaction fees/late fees are not claimable – see guidelines for more info) | | | \$ |
| Total (Maximum Claimable: \$1000 for ½ credit course or \$2000 for full credit course) | | | \$ |

By signing below, I certify that I attended this conference and that all expenses included were incurred by me.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

| PD Committee Approval | | | | | | | |
|-------------------------|--------|-------------|------|-----------|----------|--------|-------|
| PD Co-Chair's Signature | | | | | Date | | |
| Explanation | GL | Cost Center | Fund | FA | Vendor # | Amount | Tx Cd |
| PD Course Grant | 814500 | 68100520 | 1032 | 210058000 | | | I4 |