| 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 Course Grant**

Please consult application deadlines and guidelines of the PD Committee on the SSRCE website. **Late submissions will not be accepted by the PD Committee**. Each course requires it’s own form and must have its own supporting documents.

**This form must be accompanied by:**

* Receipt for the course;
* Receipts for all other claimed expenses;
* Proof of successful completion of the course/grade;

▪ For credit courses, a document from the institution showing the grade 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  | Vendor Number |
| --- | --- |
| Civic Address |
| Primary Work Location  | **Contract Status:** Permanent, Probationary, or Term *(Long-Term Substitutes are not eligible)* |
| Current Assignment  | Work Related Email Address |

| **Course Information (only one course per expense claim)** |
| --- |
| 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** |

 **OFFICE ONLY**

| Course completed with grade❑ Receipts for course (in applicant’s name) ❑ Receipt for other expenses ❑  | ❑ Received ❑ Processed ❑ Held |
| --- | --- |

Valid from August 1, 2025 – July 31, 2026