| Submit your application to the PD Committee to SSRCE Regional Office or by email (nstupdcomm@ssrce.ca). |
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**South Shore Regional NSTU Article 60 Professional Development Fund Application Form – Teacher or School Initiated In-Service**

| * *Please review the guidelines & deadlines under the NSTU PD Committee section on the SSRCE website for Teacher or School Initiated In-Services prior to submitting your application.*
* ***Late applications will not be accepted by the Committee****.*
* Members may access Teacher or School Initiated In-Services once/school year.
* This form must be accompanied by a clear and detailed outline of the in-service.
 | Approval letter❑ Receipts in claimant’s name ❑  |
| --- | --- |

| 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 |
| In-Service Theme/Name: | Anticipated # ofTeachers | Anticipated # of Substitutes Required |
| In-Service Dates (Must take place/be held during school hours.)  | In-Service Location: |
| Other Schools Participating |

| **Expenses**  | **Notes**  | **Anticipated Costs** |
| --- | --- | --- |
| Presenter’s Honorarium or Gifts | Either an honorarium or gift can be claimed  | $ |
| Presenter’s Travel  | $0.5932 per km or actual expenses for other modes of travel  | km  | $ |
| Presenter’s Meals  | Maximum $45 per day (Breakfast $10, Lunch $15, Dinner $20)  | $ |
| Presenter’s Lodging  | Maximum $150 per night  | $ |
| Other allowed expenses  | Please attach a separate outline of anticipated expenses  | $ |
| **Total Costs**  | **Guideline expense limit of $1500.00**  | $ |
| **Substitute Days for Organizers**  | **days** |

| **Applicant`s Signature**  | **Date** |
| --- | --- |

| **Supervisors Signature**  | **Supported** ❑ Yes ❑ No | **Date** |
| --- | --- | --- |

| **PD Committee Approval** ❑ Processed ❑ Received ❑ Held |
| --- |
| **Regional Executive Director’s Signature**  | **Approved** ❑ Yes ❑ No | **Date** |
| *The Regional Executive Director’s signature approves the teacher to be away from their assignment only. Reimbursement of any costs associated with the leave must be approved by the Professional Development Committee.* |
| **PD Committee Co-Chair Signature** | **Approved** ❑ Yes ❑ No | **Date** |

Valid from August 1, 2025 – July 31, 2026