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## Application for Subsidy for Professional Development\* from OECTA Unit

(please submit via FAX: 705 742 8599, or Board courier or Email

office@pvncoecta.ca)

<u>PROCEDURE:</u> (for the use of permanent teachers, members of OLTBU should contact their Local) *I. You Must:* 

 send this application for subsidy to the Unit office a MINIMUM OF TWO WEEKS PRIOR TO THE PROFESSIONAL DEVELOPMENT EVENT. Applications received AFTER the conference/course WILL NOT BE CONSIDERED FOR FUNDING.
 complete Part A of the application and accompany it with conference/course information in order to be processed. <u>Please</u> <u>submit one or two photocopied pages from the conference etc. brochure/catalogue</u>. YOUR PD SUBSIDY CANNOT BE CONSIDERED WITHOUT THESE PAGES.

## II. We Will:

3. return your application within one week of receipt, indicating approval or disapproval.

4. once approved, **cover** the cost of registration\*\*, accommodation, meals and transportation to a **maximum of \$350** (Note: \$350 x % for part time teachers) per fiscal year (July 1 ~ June 30)

## III. You Must:

5. submit your claim to the Unit office within **60 days** after the conference or successful course completion. Part B of the application form must be completed and submitted with all receipts (and proof of successful completion of course). **PAYMENT WILL NOT BE MADE FOR EXPENSES WITHOUT PROPER RECEIPTS.(Note: the Unit does NOT cover supply teacher costs)** 

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Part A - To be completed	d for initial app	olication			
Name of Applicant:		Non Bo	ard email		
Workplace:		_in	Po;	sition/Grade:	
Workplace: Full Time  Part Time	If part time whether the second secon	hat percentage?	%		
Name of Conference/Inse					
ocation:		(Ontario only)	_ (Ontario only)		
Date(s)(yyyy mm dd):		Registration Fee: \$			
School/Board Funding for teacher cost)	this Conference	e/Inservice/Cour	se:\$	(Do <b>NOT</b> include supply	
Have you received a Unit su	ıbsidy <u>this</u> schoo	ol year? Yes □	No □ If yes,	please provide:	
		Date:Amount: \$			
<<<<<<<<<<<<					
Part B - To be completed		ice/inservice/suc	ccessful com	pletion and to be	
accompanied by receipt	S				
Registration Fee** : Accommodation Cost**:	\$		For Office Use Only		
	\$				
Kilometerage:					
# of kilometres	_ X \$0.48= \$		=	<u> </u>	
Other costs (parking etc.)	\$		-		
Meals (mark receipts B,L,D accor			Date:		
Total:					
Minus School/Board Fur	nding -\$			Meal Total:	
Claim: (maximum: \$350 for fu	11	Breakfasts "B" (n	nax \$15 per)	please label	
time, \$350 x % for part time)	\$	Lunches "L" (max \$20 per) meal receipt			
				with letter code	
		Т	otal:		

\*The subsidy may be used to fund conferences/inservices in Ontario excluding Board/school initiated or sponsored PD. It may also be used to help fund <u>successful completion</u> of AQ, ABQ or honour specialist courses <u>excluding principal/administrative courses</u>

\*\* membership fees to various teacher organizations are **<u>NOT</u>** covered

\*\*\* when members share accommodation etc., cheques cannot be issued until both members have filed

\*\*\*\* our fiscal year ends on June 30<sup>th</sup> and begins on July 1<sup>st</sup>. ALL RECEIPTS **MUST** BE SUBMITTED WITHIN 60 DAYS OR BY JUNE 30<sup>TH</sup> WHICHEVER IS SOONEST. (Application form effective 2018 09 04)