



PROFESSIONAL DEVELOPMENT FORM

APPLICANT: _____ EMPLOYMENT POSITION: _____ SCHOOL OR DEPARTMENT: _____	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Please \checkmark which applies</td> <td style="text-align: right;">Approved Amount</td> </tr> <tr> <td><input type="checkbox"/> Director/Supt/CFO Requested</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> School/Department PD</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Administrator PD</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Personal (Earned)</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	<input checked="" type="checkbox"/> Please \checkmark which applies	Approved Amount	<input type="checkbox"/> Director/Supt/CFO Requested	\$ _____	<input type="checkbox"/> School/Department PD	\$ _____	<input type="checkbox"/> Administrator PD	\$ _____	<input type="checkbox"/> Personal (Earned)	\$ _____
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<input type="checkbox"/> School/Department PD	\$ _____										
<input type="checkbox"/> Administrator PD	\$ _____										
<input type="checkbox"/> Personal (Earned)	\$ _____										

Conference Details: (Please attach program information)

Conference : _____ **Start Date & Time** _____

Location: _____ **End Date & Time:** _____

Nature of the conference: _____

Projected Expenses:

Registration Fee: \$ _____ Accommodations – Hotel/Motel: \$ _____ or Private @ \$35/night: \$ _____ Transportation (carpooling is encouraged): _____ km x \$0.5703 (max): \$ _____ Airfare: \$ _____ Meals (B-\$15, L-\$20, S-\$30): \$ _____	<p style="text-align: center;">Please have the appropriate signatures at least two weeks prior to the conference.</p> <p>Applicant: _____ Signature _____ Date _____</p> <p>Administrator / Supervisor: _____ Signature _____ Date _____</p> <p>Director / Superintendent / CFO: _____ (when required) Signature _____ Date _____</p>
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Actual Expenses	Pd by P' Card \checkmark	Pd by Sch/Div \checkmark	Was this conference valuable?
Registration Fee (receipt): \$ _____			Applicant: _____ Signature _____ Date _____ Administrator / Supervisor: _____ Signature _____ Date _____ Director / Superintendent / CFO: _____ (when required) Signature _____ Date _____
Accommodations – Hotel/Motel – (receipt): \$ _____			
or Private @ \$35/night: \$ _____	n/a	n/a	
Transportation (carpooling is encouraged): _____ km x \$ _____: \$ _____	n/a	n/a	
Airfare: \$ _____			
Meals _____ Breakfast @ \$15: \$ _____	n/a	n/a	
(per diem) _____ Lunch @ \$20: \$ _____	n/a	n/a	
_____ Supper @ \$30: \$ _____	n/a	n/a	
Other: \$ _____			
Total payable to Applicant \$ _____			

Scan and send to accounting.department@nwsd.ca. Retain original as your copy. Submission Date: _____

Office Use Only:		
Department	Instructional – Division	Instructional - Decentralized
LEADS/FINANCE 1-2-11-160-224- _____ - _____	Teachers 1-2-12-160-223- _____ - _____	Teachers 1-2-12-160-223- _____ -998
MAINTENANCE 1-2-13-160-224- _____ - _____	Non-Teachers 1-2-12-160-224- _____ - _____	Support Staff 1-2-12-160-224- _____ -998
TRANSPORTATION 1-2-14-160-224- _____ - _____	PreK Teachers 1-2-21-160-223- _____ -295- _____	Personal PD 1-2-12-160-225- _____ -963- _____
	PreK Support Staff 1-2-21-160-224- _____ -295- _____	Principals (Vice) 1-2-12-160-226 _____ -950- _____