

TO BE COMPLETED AND SUBMITTED BY THE REPRESENTATIVE FOR THE GROUP WHO WILL BE SUBMITTING THE EXPENSE CLAIM

Surname (Please print)	Given Names (in full) underline name used	Status <input type="checkbox"/> Contract Teacher <input type="checkbox"/> Active Substitute Teacher
School/DU		School Phone Number
Email Address (The group leader will be notified by email once the application has been processed.)		Alternate Contact Number
Name of Activity	Date(s) of Activity	Location of Activity

Type of Activity/Resource (Attach details as outlined in the Staff Development Fund Guidelines)

<input type="checkbox"/> Course	<input type="checkbox"/> Online Course	<input type="checkbox"/> Collaboration
<input type="checkbox"/> Workshop	<input type="checkbox"/> Book	<input type="checkbox"/> Practical Research
<input type="checkbox"/> Conference	<input type="checkbox"/> Interschool Visitation	<input type="checkbox"/> Other (please specify) _____

Names of Group Activity Participants

PROJECTED ELIGIBLE PERSONAL EXPENSES (See Staff Development Fund Guidelines)

Conference or Activity Fee/Course Fee/Resource Cost (excludes membership fee) \$ _____

Travel \$ _____

Taxi/Airport Shuttle/Bus/Parking \$ _____

Hotel Accommodation \$ _____

Meals per diem without receipts = \$47 CAD (\$10.00 breakfast; \$13.50 lunch; \$23.50 dinner) \$ _____

Substitute Teacher Required Yes No
 If required, identify the source of funding:
 DU/school to pay (principal/supervisor authorized) *The Staff Development Fund will not reimburse
 Private Business Leave at the substitute teacher rate of pay – \$218 for full day, \$132 for half day – requires an application to Leaves of Absence
 Personal Leave Unpaid – requires an application to Leaves of Absence

Total Substitute Costs related to Private Business Leave
 (All claims for substitute teacher costs will be subject to verification with Edmonton Public Schools.) \$ _____

Total Projected Expenses \$ _____

AMOUNT REQUESTED (to a maximum of \$1,000 per group member to a total maximum of \$5,000 per group)
 Individuals within such groups may be approved for group funding once in any school year. \$ _____

Signature of Group Representative

Date

The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta's Freedom of Information and Protection of Privacy Act for the purpose(s) noted above. If you have any questions about this application, please call 780-455-2164.

Submit to: ATA, LOCAL 37
 401, 11010 - 142 Street
 Edmonton, AB T5N 2R1
 Phone: 780-455-2164
 Fax: 780-453-1407
 Email: sdf@edpub.org

This section is to be completed by the Staff Development Fund Administrator.

Funding is: approved not approved \$ _____

Signature of Staff Development Fund Administrator

Date