

Surname (Please Print)	Given Names (in full) underline name used	Status <input type="checkbox"/> Contract Teacher <input type="checkbox"/> Active Substitute Teacher
Division(s) Taught <input type="checkbox"/> Elementary <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> Non-School Based	School/DU	School Phone Number
Email Address (Applicants 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"/> Interschool Visitation |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Collaboration |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Practical Research |
| <input type="checkbox"/> Online Course | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Book | |

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
If required, identify the source of funding:	
<input type="checkbox"/> DU/school to pay (principal/supervisor authorized) *The Staff Development Fund will not reimburse	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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 \$1,800 in a two year period)	\$ _____

Signature of Applicant _____

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 _____