

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

Has funding been provided by another source? If so, please provide: _____

PROJECTED ELIGIBLE PERSONAL EXPENSES THAT WILL NOT BE COVERED BY OTHER SOURCES (See Staff Development Fund Guidelines) \$ _____

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

Travel \$ _____

Taxi/Airport Shuttle/Bus/Parking - When travelling for work, Uber/Lift is not considered viable, therefore will not be reimbursed. \$ _____

Hotel Accommodation - Temporary accommodation rentals like Air-BnB or VRBO will NOT be considered viable accommodations, and therefore will not be reimbursed. \$ _____

Meals per diem without receipts = \$47 CAD Breakfast (\$10.00) Date(s): _____
 Lunch (\$13.50) Date(s): _____
 Dinner (\$23.50) Date(s): _____ \$ _____

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 – \$228.90 for full day, \$138.60 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.

I confirm that I have not accessed other sources of funding for the above expenses. I understand that my application will not be considered until all required documentation is received and complete.

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**