

**STAFF DEVELOPMENT FUND
INDIVIDUAL FUNDING
APPLICATION FORM
2019-2020 SCHOOL YEAR**

| | | | | | | | | | | | |
|---|--|--|---------------------------------|--|--|-----------------------------------|-------------------------------|---|-------------------------------------|--|---|
| 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) <table><tr><td><input type="checkbox"/> Course</td><td><input type="checkbox"/> Online Course</td><td><input type="checkbox"/> Collaboration</td></tr><tr><td><input type="checkbox"/> Workshop</td><td><input type="checkbox"/> Book</td><td><input type="checkbox"/> Practical Research</td></tr><tr><td><input type="checkbox"/> Conference</td><td><input type="checkbox"/> Interschool Visitations</td><td><input type="checkbox"/> Other (please specify) _____</td></tr></table> | | | <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 Visitations | <input type="checkbox"/> Other (please specify) _____ |
| <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 Visitations | <input type="checkbox"/> Other (please specify) _____ | | | | | | | | | |

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 \$1,800 in a two year period) \$ _____

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 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 _____