

School Based Pro-D Funds
Application Form (PD Form)

Name of Applicant: _____ School Name: _____

Name of Conference/Workshop: _____

Dates: _____ Location: _____

Brief explanation connecting Pro-D event to professional practice: _____

Date of Request: _____ Registration fee(s): _____

Other expenses being applied for (please specify): _____

Signature of Teacher

Signature of School Pro-D Chair

Procedures

1. *Submit this form to your Pro-D Rep at your school for consideration.*
2. *If you require a TTOC, please submit an application for coverage through the Joint Pro-D Fund. Please note Joint ProD application deadlines.*
3. *Upon your return from the conference/workshop, please submit your receipt(s) to your School Pro-D Chair for reimbursement.*
4. *Applications must have the pre-approval of the School Based PD Committee.*

School Pro-D Committee Use Only (Please check to see all sections are being completed.)

Approved Amount: _____

Not approved: _____ Reason: _____

School Pro-D Chair keep original of this form in binder for accounting purposes.

School Pro-D Chair: After claim submitted to school board office, please ensure to record in your School PD Accounts Ledger.

Expense recorded in Ledger. ____ Yes. ____ No