HPSD/LOCAL 62 TEACHER REQUEST FOR PROFESSIONAL DEVELOPMENT LEAVE (CATEGORY B)

Teacher Information
Name:
School:

Activity Information	
Date:	Location:
Name/Title:	
Name of Teacher(s) to be visited (if applicable):	
Provide a brief description of how this activity supports your professional learning goals. Please attach additional documentation to describe the activity (e.g., event flyer, schedule, etc.)	

Estimated Expenses		
Maximum allowable claim is $250 – plus one day of substitute teacher expense ***Maximum of $600 per year - including substitute teacher expense*** ***Note: Use of Divisional Purchase Card not permitted for P.D. expenses.***		
Registration Fee: $ _____	Mileage: _____ km @ 0.55/km = $_____	
Substitute Teacher Required: (circle one)	YES	NO
Other: (please explain)		

Signatures	
Teacher:	Date:
Principal:	Date:
HPSD/Local 62 Joint PD Committee Chair:	Date:
Assistant Superintendent:	Date:

Email/scan this form to pd@hpsd.ca at LSC prior to the activity.
Late applications may not be approved.