

# District 29 OSSTF Joint Staff Development



Our Schools Our Future Our Story

For information about funding for Staff Development, please refer to your Collective Agreement: Article 13

**ACTIVITY:** WORKSHOP  CONFERENCE  CLINIC  AQ  ABQ  OTHER  **DATE** \_\_\_\_\_

Please describe briefly the activity: \_\_\_\_\_

**Maximum Financial Assistance:** *\$400.00 or school-based maximum. You must send a copy of your transcript to show successful completion of course before payment can be made for AQ courses.*

## ESTIMATED EXPENSES

Meals \$ \_\_\_\_\_ Travel \$ \_\_\_\_\_ Accommodation \$ \_\_\_\_\_ Registration \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

*Please see your Collective Agreement (Article 60.06) for planned absences and OT coverage*

**I HEREBY CERTIFY THE ABOVE STATEMENT OF EXPENSES TO BE CORRECT**

**CLAIMANT'S NAME** (Please Print) \_\_\_\_\_ **Date of Application** \_\_\_\_\_

**CLAIMANT'S SIGNATURE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **CONTRACT**  **OT**

Applicants must send the expense report and receipts to District Office for payment. Educational Services Reps must fax a copy of the request for financial assistance prior to the date of the staff development activity.

**School Educational Services Rep Signature** \_\_\_\_\_ **Amount allocated: \$** \_\_\_\_\_