

C.B.C.

2011 – 2012

COLLECTIVE BARGAINING COMMITTEE



FLYER

~ P.D.T./P.D. MONEY ~
(Expense Account Claim Form)
(Professional Activity Request Form)

SEPTEMBER 28, 2011

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www.haltonoecta.com

FOR DISTRIBUTION THROUGH
"OECTA C.B.C. REPS." TO ALL TEACHERS



ENHANCED PROFESSIONAL LEARNING PDT FUNDS

EXPENSE ACCOUNT CLAIM FORM

APPLICANT:

SECTION 1 JOB EMBEDDED PROFESSIONAL DEVELOPMENT/CATHOLIC LEARNING COMMUNITY

BRIEF EXPLANATION OF THIS PROFESSIONAL LEARNING:
HOME ADDRESS:

NUMBER OF SUPPLY DAYS _____ X \$235.00 (AMOUNT WILL BE DEDUCTED FROM INDIVIDUAL PDT AMOUNT)

NAME OF PRINCIPAL(PLEASE PRINT)

X _____
SIGNATURE OF PRINCIPAL

SECTION 2 ADDITIONAL QUALIFICATION (AQ) COURSES

ADDITIONAL QUALIFICATION COURSE FEE
(ATTACH PROOF OF SUCCESSFUL COMPLETION AND RECEIPT)

\$ _____
(AMOUNT WILL BE DEDUCTED FROM INDIVIDUAL PDT AMOUNT)

SECTION 3 PROFESSIONAL RESOURCES

PROFESSIONAL BOOKS, RESOURCES AND LAPTOPS
(PLEASE SPECIFY AND ATTACH RECEIPT)

1.

2.

3.

BRIEF EXPLANATION WHAT THE RESOURCES ARE FOR AND HOW IT IS LINKED TO THE TEACHERS ANNUAL LEARNING PLAN (ALP):

I CERTIFY THAT THE ABOVE EXPENSE CLAIM IS CORRECT

DATE: _____

NAME OF CLAIMANT (PLEASE PRINT)

X _____
SIGNATURE OF CLAIMANT

PAYMENT AUTHORIZED

X _____
L. Naar, Superintendent of Education



HALTON CATHOLIC DISTRICT SCHOOL BOARD

PROFESSIONAL ACTIVITY REQUEST FORM

(CONVENTION, CONFERENCE, SEMINAR, WORKSHOP)

Complete this form and submit it three weeks prior to the date of the conference to the Superintendent of Curriculum Services.

PLEASE ATTACH THE DESCRIPTIVE BROCHURE CONTAINING COMPLETED REGISTRATION FORM (INCLUDE COST)

PLEASE NOTE: Incomplete requests will not be processed.

APPLICANT: _____ **SCHOOL:** _____

CONFERENCE TITLE: _____

SPONSORING ORGANIZATION: _____

LOCATION: _____ **DATE(S):** _____

Please indicate if this is a Special Education Conference YES [] NO []

Please indicate if you want to apply your PDT funds towards the cost of this conference YES [] NO []

Please provide a brief resume indicating your expectations and potential benefits by attending this professional activity

SIGNATURE OF APPLICANT: _____

Please have your Principal provide a rationale for support of this application

PRINCIPAL'S SIGNATURE: _____

ESTIMATE OF EXPENSES

REGISTRATION FEE _____

ACCOMMODATION RATE _____ x _____ (# of nights) _____

TRAVEL [] bus [] train [] car [] car pool _____ kms (from place of employment) _____

PARKING _____

SUPPLY TEACHER [] YES [] NO # of days _____

TOTAL _____

BOARD OFFICE USE ONLY:

Registration paid by: ___ VISA ___ Cheque

Amount of Financial Support: _____

Explanation: _____

SUPERINTENDENT'S SIGNATURE: _____ **DATE:** _____