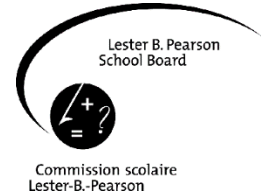




Lester B. Pearson School Board
Independent Association of Support Staff
School Year 2023-2024



Professional Improvement Request

Conference — Course — Workshop — School Retreat

Employee Name:		Date:	
Job Classification:		Workplace:	
Name of Conference, Course, Workshop or School Retreat:			
Date of Activity:		Location:	
Aims and Purpose: (Please describe the activity and how it relates to your work)			
Registration Cost:	Receipt attached:	Completion Document	Make refund payable to: <input type="checkbox"/> Employee <input type="checkbox"/> School/Centre

SUPPORT STAFF PROFESSIONAL IMPROVEMENT POLICY

Funding for conferences, workshops, school retreats or courses will be considered as follows:

- A maximum total of \$1,325 per year to be distributed as follows:
 - a) Courses – up to \$900 b) Conference/Workshop – up to \$400 c) School retreat - \$25
- Reimbursement will be for registration costs only & will not include travel, meal expenses, textbooks, course materials, etc.
- Professional Improvement funding will only be approved for Board-wide related requests.
- Payment is made after we receive the registration receipt & proof of completion (e.g. certificate, transcripts, etc.) and following approval by the Professional Improvement Committee.

2023-2024 IASS Professional Improvement Committee approval meeting dates:

December 8, 2023 March 22, 2024 June 14, 2024

- Requests must be submitted within six (6) months of completion; beyond that period the request may not be approved.
- P.I. funds are intended for regular employees (S1/S2). Non-regulars may submit requests but will only be considered on a case-by-case basis.

- * ***For support staff who are not full-time (less than 75%), these amounts will not be pro-rated for this year***
- * ***First aid recertification is now covered by the Lester B. Pearson School board and not P.I.***

Employee Signature: _____

Approved by:

Your Director/Principal

P.I. Committee (LBPSB)

P.I. Committee (I.A.S.S.)

GL Code for monies to be transferred if applicable:

Amount Approved:

 \$

▶ Please return this form to: **Justine Boucher, Human Resources Department**