OSSTF Limestone District 27 – Educational Services Committee

Application for Self-Directed PD Funding 2024-2025

To be processed, a complete application package must include:

	nis completed and signed appl onfirmation of participation (e		name tag)			
□ Re	eceipts for all expenses, includ	ing registration f	ee (photocopies are	acceptable)		
 Provide your completed package (application and documentation) to your workplace Educational Services Committee (ESC) representative who will check it over and then sign it below. If there is no ESC rep, you may skip this step. 						
• Email you	ur completed package (pdf file) to the District F	President (<u>wendy.bo</u>	nnell@d27.osstf.ca) b	y <mark>May 30, 2</mark>	<mark>025</mark> .
Part A: App	olicant and Activity detai	ls				
Name:			Workplace:			
Activity:						
Location:						
Start date:						
Please explain how this PD activity will support your responsibilities at your workplace. Be specific and brief.						
If sharing expenses, please list name(s) of colleagues along with their workplace(s):						
Part B: Alte	ernate Funding Sources				-	
School budget requested: YES / NO An			Amount received:	\$		Total alternate
LDSB PD funds requested: YES / NO			Amount received:	\$		funding received
Other (spe	ecify):	Amount received:	\$		\$	
Part C: Exp	enses					
Registration fee						\$
Travel (Car travel may be reimbursed according to OSSTF guidelines - \$0.64/km +\$0.05/km for each extra passenger)						\$
Accommodation						\$
Meals (Maximum amounts as per Provincial funding guidelines: Breakfast \$20.00, Lunch - \$30.00, Dinner - \$60.00)						\$
Other (please specify)						\$
TOTAL EXPENSES						\$
Less funding received (from Part B)					\$	
TOTAL REQUESTED from the OSSTF Educational Services Committee						\$
Signature of applicant Signature of workplace ESC rep						Date
EOR CONAN	AITTEE LISE			Approved funding a	mount:	
FOR COMMITTEE USE				Approved funding amount:		
Approved by (ESC Chair):				Date:		
Approved by (Treasurer):				Cheque No.		