



JOINT STAFF DEVELOPMENT FORM: D29 CONTRACT TEACHERS

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: \$750.00 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 _____

CLAIMANT'S SIGNATURE: _____ SCHOOL: _____

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

School Educational Services Rep Signature _____ Amount allocated: \$ _____