



# JOINT STAFF DEVELOPMENT FORM: D29 OCCASIONAL 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: \$500.00 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: \$ \_\_\_\_\_