

# **PRO-D FUNDING APPLICATION FORM – TTOC Request**

## **NWTU, District #40**

Last revision January 2024

Refer to previously submitted FORM # \_\_\_\_\_

1. This form is to be used for **all requests for release time** for teachers to participate in personal professional development initiated by the individual or their department.
2. FORWARD THE ENTIRE FORM TO THE PRO-D BOX WHEN YOU HAVE COMPLETED ALL OF SECTIONS A-G. Photocopy for your own record.
3. This application **must be completed prior** to professional development activity. It is the applicant's responsibility request the TTOC. Please remember to select Pro-D Day Form Pre-Approved from the reason for absence dropdown box.

A. NAME: \_\_\_\_\_ Dept: \_\_\_\_\_ F.T.E. \_\_\_\_\_

B. Topic: \_\_\_\_\_

Place: \_\_\_\_\_ Date(s) of activity: \_\_\_\_\_

C. Funding Area:                      \_\_\_\_\_ Individual Pro-D Funds  
                                                      \_\_\_\_\_ Department Pro-D Fund  
                                                      \_\_\_\_\_ School General Pro-D Funds

D. Teacher On Call Required: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ day(s) @ \$440.82 = \$ \_\_\_\_\_

Date \_\_\_\_\_ : \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Date \_\_\_\_\_ : \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Date \_\_\_\_\_ : \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Date \_\_\_\_\_ : \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

E. TOTAL AMOUNT OF THIS CLAIM \$ \_\_\_\_\_

F. I acknowledge that the expenditures claimed on this form are entirely for PROFESSIONAL DEVELOPMENT and that the information is complete, accurate and all receipts are attached.

**Applicant's signature:** \_\_\_\_\_ (date) \_\_\_\_\_

G. Acknowledgement: obtain these signatures, then submit to the Pro-D box.

**Dept Head** \_\_\_\_\_ (date) \_\_\_\_\_

(To be co-signed by a dept member when a dept head withdraws dept funds)

**Principal** \_\_\_\_\_ (date) \_\_\_\_\_

**\*\* Only staff at NWSS require the Dept. Head signature.**

(PRO-D COMMITTEE USE ONLY)

Cheque(s) issued: # \_\_\_\_\_

Transfer of Funds Form # \_\_\_\_\_

Processed: \_\_\_\_\_

\$ \_\_\_\_\_

Applicant's Account balance \$ \_\_\_\_\_

Department Account Balance \$ \_\_\_\_\_