

PRO-D FUNDING APPLICATION FORM – TOC Request **NWSS, District #40**

Last revision October 2017

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. Once all required signatures are obtained, forward the pink copy of the form to the TOC office at the Board Office. It is the applicant's responsibility to call the TOC office to make a TOC request. Please remember to state that this request is for a Pro-D activity.

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)@\$328.44 = \$ _____
(Note: TOC will be paid on scale for 4 days or more)

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 is entirely for PROFESSIONAL DEVELOPMENT (e.g.: NOT learning resources that will be used in the classroom) 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) _____

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(PRO-D COMMITTEE USE ONLY)

Cheque(s) issued: # _____

Transfer of Funds Form # _____

Processed: _____

\$ _____

Applicant's Account balance \$ _____

Department Account Balance \$ _____