

**CUPE Professional Development Fund
Application Form**

For Office/Clerical, Technical, Educational Assistants and Custodial/Maintenance Staff

To be submitted to the CUPE PD Fund Secretary AS SOON AS POSSIBLE - Must be received at least TWO WEEKS PRIOR to the date of the proposed event

Name: _____ Worksite: _____

Check Appropriate Area:

- | | |
|--|--|
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Educational Assistant | <input type="checkbox"/> Custodial/Maintenance |

Title of the Professional Activity: _____

(please attach additional information if possible)

Value of Attending the Professional Activity: _____

Date(s) of the Professional Activity: _____

Location: _____

Supply Needed (please circle one): YES or NO Number of Days: _____

Registration Fee: \$ _____

****Only registration expenses that are supported by receipts will be reimbursed.****

Distance Travelled (round trip): _____ kilometres

(Please note: Reimbursement will be at the current TLDSB rate to a maximum of \$100)

Other Expenses: (upon request, consideration may be given to course supplies & textbooks – please describe expense and provide cost – receipts will be required)

Signature of Applicant: _____ Date: _____

Acknowledgement of Principal/Supervisor: _____ Date: _____

Please Forward Via Fax To: Secretary, CUPE PD Fund - 705-286-2642

CUPE Professional Development Fund Expense Claim Form

**To be submitted within two weeks of the completion of the Professional Activity
The CUPE PD Professional Activity Evaluation Form must accompany this Form.**

Name: _____ Worksite: _____

Professional Activity Attended: _____

Date(s): _____

Name of Supply (if applicable): _____

***Please note * You will not be reimbursed for any of your expenses if you fail to provide the name of the supply staff person who covered for you**

Registration Fee: \$ _____

****Only registration expenses that are supported by receipts will be reimbursed.**** (Please attach receipts to this form.)

Distance Travelled (round trip): _____ kilometres
(Please note: Reimbursement will be at the current TLDSB rate to a maximum of \$100)

Other Expenses: \$ _____
(do not complete unless you have received prior approval– please describe expense and attach receipts)

Signature: _____ Date: _____

Please forward via E-mail OR Board Courier to: Secretary, CUPE PD Fund

Email: pdfund@cupe997.ca

Board Courier: c/o CUPE Local 997, Lindsay Board Office

Office Use Only:

Registration: \$ _____ Travel: \$ _____ Other: \$ _____

Total Reimbursement to Claimant: \$ _____

Supply Costs: \$ _____

Total charges to PD Fund: \$ _____

Authorizing Signatures:

Secretary, CUPE PD Fund: _____ Date: _____

President, CUPE Local 997: _____ Date: _____

CUPE PROFESSIONAL DEVELOPMENT FUND
Professional Activity Evaluation Form

**To be submitted within two weeks of the completion of the Professional Activity
The *CUPE PD Expense Report Form* must accompany this form.**

Name: _____ Worksite: _____

Professional Activity Attended: _____

Description: _____

Would you recommend this Professional Activity?

Yes

No

Value of Attending: _____

Please forward via E-mail OR Board Courier to: Secretary, CUPE PD Fund

Email: pdfund@cupe997.ca

Board Courier: c/o CUPE Local 997, Lindsay Board Office