



School District 19
(Revelstoke)

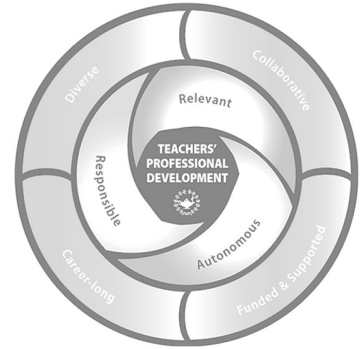
REVELSTOKE BOARD OF EDUCATION TEACHER PROFESSIONAL DEVELOPMENT

A	Name: _____ School: _____	
	Activity: _____	
	(Refer to completion guidelines chart) <input type="checkbox"/> attach conference program/agenda OR <input type="checkbox"/> if an individualized activity, complete Section D	
	Location of Activity: _____	Date of Activity: _____
	Signature of Applicant: _____	Pro D Rep: _____ Initials
Date Submitted: _____		

APPLICATION FOR LEAVE OF ABSENCE		
B	Date(s): _____	
	<input type="checkbox"/> Pro D Release Bank Day	<input type="checkbox"/> Leave of Absence
	Leave Request # _____	
Leave Approval:	Explanatory Notes:	<input type="checkbox"/> Pro D Release Bank—Article F.3 ____ days <input type="checkbox"/> Short Term Leave—Article G.34 ____ days
Principal	_____	_____

APPLICATION FOR REIMBURSEMENT FROM PRO D FUNDS		ESTIMATED COST	ACTUAL COST
When choosing your transportation to get to PD events, please consider your carbon footprint. We encourage you to carpool and/or use some of your transportation reimbursement to buy a carbon credit. For more information: https://www.goldstandard.org			
C	Travel: .59¢ per km ____ Total km		
	Miscellaneous (Taxi, Parking, etc.): <i>(attach receipts)</i>		
	Accommodations: \$ _____ Per Night (Receipt Required)		
	or \$ 20.00 Personal Accommodation		
	Meals: Breakfast ____ at \$ 10.00 PER MEAL		
	Lunch ____ at \$ 17.00 PER MEAL		
	Dinner ____ at \$ 23.00 PER MEAL		
	Registration: \$ _____ <input type="checkbox"/> Paid, reimburse		
	<input type="checkbox"/> Send to organization		
	Technology Purchase (complete section E)		
TOTAL COST:			
Expense Authorization: _____			
Principal			
Date: _____			

INDIVIDUAL PROFESSIONAL DEVELOPMENT DAY ACTIVITY LOG	
D	<p>This log documents a teacher's self-directed Professional Development activity on a recognized Pro-D Day. Teachers should be in attendance at school unless prior arrangements have been made.</p> <p>Details of activity: (refer to Pro-D lens) _____</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Pro-D Rep Signature _____ (Please submit to principal prior to the Pro-D Day)</p>



TECHNOLOGY PURCHASE	
E	<p>Please describe how you plan to use this technology to support your professional development (ie: on-line courses – professional reading/access to computer programs/software/sites)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Pro-D Rep Signature _____ Date _____</p>

Section	PROFESSIONAL DEVELOPMENT DAY				INSTRUCTIONAL DAY
	Participating in a District Activity (Front Page Only)	Attending a conference or workshop (Front Page Only)	Participating in an Alternate Activity on a SD #19 Professional Development Day		
			In School	Out of School and/or Out of District	
A	Complete	Complete	Complete	Complete	Complete
B		Complete only if using leave beyond the non-instructional day			Complete
C		Complete if seeking reimbursement		Complete if seeking reimbursement	Complete if seeking reimbursement
D			Complete	Complete	Complete if not attending a conference, workshop or seminar