



MEDICINE HAT CATHOLIC BOARD OF EDUCATION School/Division Professional Development Application Form

Employee Name	
School	
Event	
Subject Area	
Place	
Date(s) of Event	

Staff members requesting money to attend PD events funded fully or partially through school or Division funds must:

- Have approval from the Superintendent or Deputy Superintendent if the amount is greater than \$500 or out of Province
- Have approval from the Principal if the amount is below \$500
- This Professional Development Application Form **MUST** be approved prior to purchase/booking of any travel, registration fees, etc.

**Expenses will be reimbursed to the teacher/staff member once approved and all appropriate supporting documentation is received and appropriate claims forms submitted*

Additional Information:

How does this event tie with school goals or Division strategic priorities?

How will the knowledge gained be shared with other staff members? (if applicable)

Revised February 2024

Division/ School Professional Improvement Claim Form

Expense Estimate	School Based	Division
Hotel/Accommodations:		
Fees//Registration/Banquet:		
Meals: ___ Breakfast(s) @ \$13.00 ___ Lunch(es) @ \$17.00 ___ Dinner(s) @ \$27.00		
Transportation: _____ Kilometers @ \$0.55/Km		
Transportation-Other (specify-airfare, taxi, etc)		
Substitute Teacher _____ days @ \$224.44/ day - include date (s)		
TOTAL		

Employee Signature

Date

Principal Signature

Date

Deputy Superintendent Signature

Date

