

**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:

Office/Clerical

Technical

Educational Assistant

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