


SCFA SCFA COMMON BCGEU 2% BCGEU COMMON PPWC EXEMPT

 *Once completed, please email this application to your supervisor for approval.*

EMPLOYEE NAME:		DEPARTMENT/SCHOOL:	
DATE OF SUBMISSION:		TOTAL COST OF ACTIVITY (\$):	
FUNDING CATEGORY¹:	GROUP	INDIVIDUAL	TOP-UP
		SPECIAL PD	
Have you received PD Funds this fiscal year (April 1 – March 31)?		YES	NO
Will you be receiving funds from any other source for this activity/course?		YES	NO
If yes, how much and from what sources?			
What is the name of the activity/course(s) PD funds are being requested?			
DATE OF ACTIVITY/COURSE:		LOCATION OF ACTIVITY/COURSE:	
INFORMATION FOR MATERIALS PURCHASED			
	IDENTIFY REFERENCE MATERIALS	AUTHOR/PRODUCER	DATE OF PURCHASE
	AMOUNT (\$)		
Item 1			
Benefit:			
Item 2			
Benefit:			
Item 3			
Benefit:			
Item 4			
Benefit:			
Item 5			
Benefit 5:			
AMOUNT REQUESTED (e.g.: mileage, airfare, accommodation, registration fees, meal allowance, transportation (bus, train, etc), other.)			COST
TOTAL COST			
IDENTIFY ALL FUNDING SOURCES FOR THIS ACTIVITY <i>(To be completed by Applicant)</i>			APPROVAL <i>(To be completed by Supervisor/School Chair)</i>
SOURCE	AMOUNT	ACCOUNT CODE	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
			<input type="checkbox"/> Departmental Funding? Amount \$
			 <i>Account Codes will be entered by the Supervisor or PD Committee not by the applicant.</i>
SIGNATURES			
Supervisor/School Chair:		Date:	
Second Supporter for Group PD:		Date:	
SIGNATURE FOR SPECIAL CIRCUMSTANCES			
Dean/Senior Manager:		Date:	
Executive Member: <i>(if applicable)</i>		Date:	

Applicants please complete page 2 

¹ Note that the Review Committee reserves the right to disagree with the submitter's classification.
2900-e14

PROPOSED ACTIVITY/COURSE—Describe the proposed activity. Please include a URL of the conference or workshop agenda, course outline, etc.

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ALIGNMENT WITH CRITERIA—Describe how the activity/course fits the criteria (as per applicable Terms of Reference) for this fund and how this will benefit the group or individual that will take part in this PD activity.

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ADDITIONAL INFORMATION—Add any other information that may assist the PD Committee in making a decision.

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PD COMMITTEE USE ONLY

Eligible Amount:	\$					
Approved:		Not Approved:			Date Received:	
Total Grant Approved:	\$				Date Approved:	
PD Activity Report Received:	YES		NO		Date Package Sent to Applicant:	

SCFA Application No.	
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