

PROFESSIONAL DEVELOPMENT FUND APPLICATION

MUST BE COMPLETED IN FULL AND EMAILED TO YOUR SUPERVISOR FOR APPROVAL

SCFA
 SCFA COMMON
 BCGEU 2%
 BCGEU COMMON
 PPWC
 EXEMPT

Employee Name:	School/Department:
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Submission Date (mm/dd/yy):	Total Cost of Activity: \$
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Funding Category: <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Top-Up <input type="checkbox"/> Special PD	Date of Activity (mm/dd/yy):
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What is the name of activity/course?	Where is the location of the activity/course?
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Have you **received PD Funds this fiscal year** (April 1 - March 31):
 Yes
 No
 Will you be receiving funds from any other source?
 Yes
 No

If Yes, how much did you receive and from whom?

INFORMATION REQUIRED FOR ALL MATERIALS OR EXPENSES THAT ARE NEEDED OR HAVE BEEN PURCHASED

DESCRIPTION OF REQUEST - <i>e.g. mileage, airfare, accommodation, food expenses, registration fees, event fees, books, transportation (bus, train, etc)</i>	AUTHOR / PRODUCER / ORGANIZER	DATE OF PURCHASE (MM/DD/YY)	COST \$
TOTAL COST: \$			

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**HUMAN
RESOURCES**

Selkirk  College

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

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.*

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

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PLEASE IDENTIFY ALL FUNDING SOURCES FOR THIS ACTIVITY/EVENT

SOURCE	AMOUNT	ACCOUNT CODE <i>(to be entered by Supervisor or PD Committee only)</i>

APPROVAL - TO BE COMPLETED BY SUPERVISOR / SCHOOL CHAIR

Recommended Not Recommended Departmental Funding - No Yes: \$

Supervisor / School Chair Signature

Year / Month / Date

Second Supporter for Group PD

Year / Month / Date

Dean / Senior Manager Signature *(for special circumstances only)*

Year / Month / Date

Executive Member Signature *(if applicable)*

Year / Month / Date

PD COMMITTEE USE ONLY

ELIGIBILITY INFORMATION

Eligible Amount: \$ _____ Not Approved Approved **Total Grant Approved:** \$ _____

PD Activity Report Received: Yes No

Date Package Sent to Applicant: _____

Date Received: _____

Date Approved: _____

SCFA APPLICATION NUMBER: _____