



Professional Development Fund

FROM ECSSA POLICIES & PROCEDURES, POLICY #4:

That a Professional Development Fund be established and given to members under the following guidelines:

To qualify:

- a) The applicant must have been a member of the local for over 12 months.*
- b) Approval must be obtained from the Professional Development Fund Officer **prior** to commencement of course.*
- c) Course should be career related.*
- d) An applicant must give a full description of the course and describe the benefits to his/her career.*
- e) After completion of course the **original receipt** must be provided for reimbursement.*
- f) Due to the number of people who attend, District sponsored PD activities and the Alberta Special Education Conference will not be considered.*
- g) The local shall pay to a maximum of \$300.00 per member every year.*

The monies allocated to the Professional Development Fund will be determined through the yearly budget process.

In the event of a refusal for funding, an employee may appeal to the Executive.

INSTRUCTIONS:

Fill in PART A, fax to Professional Development Fund Officer for approval:

Janice Bowman
St. Francis of Assisi School
Fax: 780-476-3932 Phone: 780-476-7634

Approval will be faxed back to you. When the course is complete, the approved application form and receipt is to be sent to the P.D. Fund Officer.



PROFESSIONAL DEVELOPMENT FUND APPLICATION

School year: _____ - _____

PART A:

DATE: _____

APPLICANT'S NAME: _____

SCHOOL/SITE NAME: _____

Have you been a member of ECSSA (paying dues) for more than 12 months? yes no

COURSE NAME: _____

COURSE LOCATION: _____

COURSE DATE: _____ COURSE COST \$ _____

Has your school/site requested that you take this particular course? yes no

Amount your school/site is paying? \$ _____ If your school/site is not providing funding what is the reason given? _____

Are you receiving any other additional funding from other sources? yes no If YES, from whom and how much? _____ \$ _____

ECSSA is to reimburse: the applicant OR the above school/site

BRIEF DESCRIPTION OF COURSE CONTENT AND HOW IT CAN BE USED IN YOUR WORKPLACE:

PART B:

AMOUNT APPROVED: \$ _____

DATE APPROVED: _____ SIGNATURE: _____

Janice Bowman
St. Francis of Assisi School

* * PLEASE RETURN WITH THE FOLLOWING TO RECEIVE YOUR BURSARY:

Original receipt AND Copy of proof of course completion
(if available)



PART C:

You are still able to access \$ _____ worth of professional development funds for this school year.

You will be eligible for a full bursary again after: _____