



Lloydminster Catholic School Division
Support Staff Central Professional Development

Name of Support Staff _____

Date _____ (3 weeks prior to date of Skill Dev. Activity)

Name of Professional Development
Activity: _____

Date(s) and Location for Support Staff Central PD. **Please attach the agenda.**

Statement of Need: Please describe the application of this particular Skill Development to your current job assignment.

<u>Expenses:</u>	<u>ANTICIPATED</u>	<u>ACTUAL</u>
REGISTRATION	\$ _____	\$ _____
Receipts required – only the registration fee will be covered. Any membership fee required are the responsibility of the support staff.		
TRANSPORTATION	\$ _____	\$ _____
\$0.45/km. Shared travel is expected when possible		
MEALS (receipts required) (indicate number of meals in each blank)....	\$ _____	\$ _____
Up to a maximum of \$63.00 with GST per day Breakfast @ \$15.75 x ____; Lunch @ \$15.75 x ____; Supper @ \$31.50 x ____		
LODGING (receipts required)	\$ _____	\$ _____
Hotel Rates to be approved by Principal. Shared accommodations where possible. A \$25.00/night to be claimed if lodging is provided as a guest.		
OTHER (explain) (please attach receipts).....	\$ _____	\$ _____

TOTAL	\$ _____	\$ _____

Support Staff's Signature Principal's Signature Deputy Director of Education Date of Approval

Payment Authorization: After the Conference, complete the column indicating the actual expense and return your copy to your principal who will initial and submit to the division office.

Approved for Payment:

Principal's Signature Deputy Director of Education Date of Approval

BUDGET ALLOCATION: 1-2-12-160-224-000-00_____