**Prairie Rose Local #2 ATA Supplement PD Form**

Prairie Rose Local #2 has allocated funds for an ATA supplement PD program. Individual teachers can apply one additional substitute paid day after school PD funds and CIF funds have been exhausted for professional development opportunities. This one additional substitute paid day is on a first come, first serve basis. The ATA supplement PD funds can be accessed only after your school PD funds and the CIF (classroom improvement funding) has been utilized.

Please finalize all arrangements **after** confirmation from the **PD** chair and your principal. This approval will come through e-mail. Completed applications should be sent to: [jenniferherrell@prrd8.ca](mailto:jenniferherrell@prrd8.ca)

**The Board will bill Prairie Rose Local #2 directly.**

|  |  |
| --- | --- |
| Your Name |  |
| Your School |  |
| School Phone Number |  |
| Home Phone Number |  |
| Mailing Address |  |
| Email address |  |
| Dates of the PD |  |
| PGP relation |  |
| Name of PD |  |
| PD Location/Division |  |
| Purpose of the PD  (please be specific) |  |
| Your Principal's Approval  (signature) |  |
|  |  |

**Upon completion of the PD please complete the second page of this form.**

**To be completed by PD Chair**

|  |  |
| --- | --- |
| Date received by PD Chair |  |
| PD Chair Approval | Yes or No |
| Substitute cost  Full day $ 200.78  1/2 day $ 103.65  **s** |  |
| Date approved and sent to ATA treasurer |  |

**Prairie Rose Local #2 Supplement PD Form**

Please complete the following form and email to jenniferherrell@prrd8.ca. You will not receive reimbursement for the cost of the substitute until page two is completed and sent:

|  |  |
| --- | --- |
| Your name: |  |
| Date of the PD: |  |
| Who was your substitute teacher? |  |
| Please comment on the relevance of this PD opportunity: |  |