



Dufferin-Peel Catholic District School Board

REQUEST FOR CONFERENCE FUNDING PROFESSIONAL LEARNING FUND O.E.C.T.A. ELEMENTARY MEMBERS

Employee ID Number

Use TRACS Code 55 for Supply Coverage
Notify Corporate Services Training immediately
if you cancel your attendance or if you will not
require supply coverage previous approved
Prior approvals are required before attendance
Courses are not paid for under conference funding

Name _____ Date of Application _____
Surname First Name mm dd yy

School _____

Title of Conference **PLF** Supply Teacher coverage required:
1 / 2 day 1 day 2 days

Date(s) of Conference _____ to _____ No Supply Required
mm dd yy mm dd yy

Registration Fee \$ _____ (including GST if applicable)

Signatures required prior to registering for a conference: **Employee, Principal, Superintendent, and Coordinator, Corporate Services Training.**

Signature of Employee Date _____

Signature of Principal Date _____

Signature of Superintendent Date _____

Signature, Coordinator, Corporate Services Training Date _____

TO BE COMPLETED BY CORPORATE SERVICES TRAINING DEPARTMENT, HUMAN RESOURCES

Member OECTA Elementary Date of last Conference (if applicable) _____

Funding Amount Approved \$ _____ Comments: _____

Use TRACS Code 55
Supply Day(s) Approved # _____ \$ _____

Total Cost Approved \$ _____

Funding approved **Funding not approved**

AFTER ATTENDING THE CONFERENCE, RETURN THIS APPROVED FORM WITH YOUR RECEIPT TO THE CORPORATE SERVICES TRAINING DEPARTMENT, CEC, FOR A REFUND. (Questions call: (905) 890-0708, ext. 24274)