



## School District 72 Support Staff (CUPE) Professional Development Grant Request Information

### Guidelines for individual Support Staff (CUPE) Pro- D Grant requests:

- Grants will be awarded to permanent Support Staff only.
- Grant applications will be considered by the Committee on a first-come, first-served basis.
- Application and information page (3 total) may be downloaded from the School District portal.
- Applications must be submitted and grant assistance approval given, **prior** to attending the professional development activity.
- **Priority will be given to applicants who have not received a grant in the previous school year.**
- Reimbursement to a maximum of \$600.00 will be paid upon receipt of completed application, showing proof of successful completion of activity and submission of appropriate receipts.
- Pro-D Grants shall be for the purpose of technological changes, job-related training, professional development, and other activities designed to improve the work performance of permanent employees.
- **Pro-D Grants are NOT to be used for payment of wages.**

### The Application Process:

1. Complete '**PART A**', attaching activity description to your application form.
2. Take to your School/Site/Department Administrator/Supervisor for signature. This signature will show their acknowledgement of your proposed absence from your regular work site and the course relevance to your regular duties.  
**Please note:** *Obtaining an administrative/supervisory signature does not take the place of completing and submitting the required Support Staff (CUPE) Leave of Absence/Vacation Request Forms.*
3. Direct your completed application '**Part A**' to:  
Support Staff Pro-D Committee  
c/o CUPE Secretary ([secretary@cupe723.ca](mailto:secretary@cupe723.ca))  
  
*(If there are time constraints, a member of the Committee may contact you by phone for clarification of information submitted – please include your phone information.)*
4. Following completion of the Pro-D activity, complete and submit '**PART B**' for reimbursement.
5. Attach all original copies of the till and credit card receipts with detailed information of the expenditures. If payment is in foreign currency, proof of the exchange rate on the date of transaction is required (e.g. – monthly credit card statement). If payment is by personal cheque, photocopies of the **front and back** of the cancelled cheque are required.
6. Attach proof of completion of activity (e.g. – diploma, certificate or transcript of grades).
7. Make copies of the form, all receipts and supporting documentation for your records.
8. Forward '**Part B**' with required documents to: Support Staff Pro-D Committee  
c/o CUPE Secretary ([secretary@cupe723.ca](mailto:secretary@cupe723.ca))
9. A cheque will be generated and sent to your school/site/department.

***Congratulations on your professional development initiative.***



**School District 72  
Support Staff (CUPE) Professional Development  
Grant Request Application**

**PART A**

Complete this section **BEFORE** the professional development activity, obtain your administrator's or supervisor's signature, then forward to: Support Staff (CUPE) Pro-D Committee, c/o CUPE Secretary (secretary@cupe723.ca)

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Submission Date: \_\_\_\_\_

School/Site: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Department (please circle):    Clerical    Custodial    Educational Assistant    Maintenance/Info Tech    Transportation

Pro-D Activity: \_\_\_\_\_ Activity Date(s): \_\_\_\_\_

Activity location, brief description (attach detailed activity information provided by presenters):

\_\_\_\_\_

\_\_\_\_\_

Approximate Expenses:	\$ _____	Registration
	\$ _____	Professional Materials
	\$ _____	Testing Fees
	\$ _____	Transportation (ferry, airfare, mileage, parking)
	\$ _____	Accommodation
	\$ _____	Meals
	\$ _____	Other
	\$ _____	<b>TOTAL</b>

Signature of Administrator/Supervisor: \_\_\_\_\_

Name of Administrator/Supervisor: \_\_\_\_\_

**I realize that the maximum amount I will be reimbursed is \$600.**

CUPE Member's Signature: \_\_\_\_\_

**Forward to Support Staff (CUPE) Pro-D Committee**

Committee Decision: \_\_\_\_\_ Date: \_\_\_\_\_

Signature, Committee Representative: \_\_\_\_\_

Please Print Name and Sign



**School District 72  
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Grant Request Application**

**PART B**

Complete this section **AFTER** the professional development activity. Attach **ALL** original receipts and proof of completion of activity (e.g. – diploma, certificate or transcript of grades) to this form. Make copies of the form, all receipts and supporting documentation to retain for your records. Submit these to: Support Staff (CUPE) Pro-D Committee, c/o CUPE Secretary (secretary@cupe723.ca)

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Submission Date: \_\_\_\_\_

School/Site: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Department (please circle):    Clerical    Custodial    Educational Assistant    Maintenance/Info Tech    Transportation

Pro-D Activity: \_\_\_\_\_ Activity Date(s): \_\_\_\_\_

**I am requesting reimbursement up to a maximum of \$600 and am attaching all my receipts at this time.**

CUPE Member Signature: \_\_\_\_\_

**Expenses:**

\$ \_\_\_\_\_ Registration  
 \$ \_\_\_\_\_ Professional Materials  
 \$ \_\_\_\_\_ Testing Fees (if applicable)  
 \$ \_\_\_\_\_ Transportation Total (ferry \_\_\_\_\_, airfare \_\_\_\_\_, parking \_\_\_\_\_, mileage \_\_\_km @\$.54/km=\$\_\_\_\_\_)  
 \$ \_\_\_\_\_ Accommodation  
 \$ \_\_\_\_\_ Meals Total (Breakfast \$10, Lunch \$17, Dinner \$23, Per Diem = \$50 per day)  
 \$ \_\_\_\_\_ Other  
 \$ \_\_\_\_\_ **TOTAL (Maximum grant amount \$600.00)**

Pro-D Committee Member Approval Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**For Office Use Only: Accounts Payable:**

Cheque Number: \_\_\_\_\_

Cheque Amount: \_\_\_\_\_

Account No: 1.1.102.3475.1

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_