

2018-2019 CONFERENCE FUNDING FORM

Please read Professional Learning Policy prior to submitting this form
(Sidebar menu – Committees – Professional Learning)

ETFO-YR OCCASIONAL TEACHERS

Complete the following form in its entirety. Incomplete forms will **not** be accepted.

Conference funding request forms should be sent to ETFO-YR OT, **after** successful conference participation.

To avoid delays please include both *proof of conference attendance* **and** *receipt of payment* **along with this form**.
Do not mail documentation separately! Do not send photo attachments of documents.

Mail documentation to:
Or use school courier to
Betty Lou Twiddy ETFO Office Aurora

Betty Lou Twiddy ~ OT Vice President
126 Wellington St. W Suite 216
Aurora, Ontario
L4G 2N9

IMPORTANT: Conference Funding requests **must** be submitted to ETFO-YR OT **no later than 8-weeks** after conference attendance in order to be eligible for conference funding dollar consideration.

ETFO YR OT Local will charge \$12.00 to issue a Stop Payment for lost cheques.

Applicant Information: Please Print.

Name	First Name	Surname
Home Address		
Telephone		
Email Address (NON BOARD EMAIL)		
YRDSB Employee #		
Did You Apply to ETFO-YR-OT For Conference Subsidy Pre-Approval?	YES - Date of Pre-Approval Request	NO
Is this Your First Conference Funding Request for the current school year?	YES	NO – Conference Reimbursement(s) received to date: \$

Conference/ Workshop Information: Please Print.

Name of Conference	
Location	
Conference Date(s)	
Conference Fee: <i>Note: Only conference REGISTRATION fees will be covered. Transportation and accommodation costs to attend the conference WILL NOT be reimbursed.</i>	
Are you receiving subsidy from any other Institution/Organization? If yes, how much and from whom?	

Supporting Documentation:

Please make sure that you have included **BOTH**. (Please check)

- Proof of Conference Participation (i.e. certificate of completion/ copy of conference agenda/ name badge)
- Receipt of Conference Payment (I.e. copy of cheque /credit card statement, confirmation of payment invoice)

Signature of Occasional Teacher: _____ **Date:** _____

OFFICE USE ONLY:

Pre- Approval Received:	YES	NO
Final Approval:	YES	NO

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