



If you are splitting the cost of accommodations/transportation with someone else please submit your claims together

**APPLICATION
WESTERN QUEBEC SCHOOL BOARD
Support Staff Professional Improvement Committee (PIC)**

Application to be SUBMITTED PRIOR to course/workshop/activity

Use this form to apply for funding from your PIC to participate in a course, workshop or other activity which you feel will be of benefit to you in the performance of your duties with the Board.

Name: _____ Job Title(see below): _____

- | | |
|------------------------------|------------------|
| * Daycare | * Support Staff |
| * Maintenance/Caretaker | * Other(specify) |
| * Integration Aid/Technician | |

Telephone Home: _____

Telephone Work: _____

E-mail Address: _____

Place of work (School or Board Office): _____

Home address: _____
No. Street City Province Postal Code

Course/Workshop/Activity – (INCLUDE BROCHURE OR COURSE DESCRIPTION WITH THIS APPLICATION)

Title of Course/Workshop/Activity: _____

Location: _____

Duration: _____

Starting date: _____

ANTICIPATED EXPENDITURES (Note: \$600 max per year per employee – including replacement cost).

1. Tuition fee or registration fee \$ _____

2. Accommodation: If you are sharing a room please list the name(s) of that/those person/people and the amount below:

Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Double Occ. (\$80 / night max)	
Single Occ. (\$95/night max)	
Hosting fee (\$20/night max)	\$ _____

3. Transportation: If you are travelling with someone please indicate that/those person/people name(s) below:

Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. Meals – (breakfast \$7.50, lunch \$10.00, dinner \$20.00) \$ _____

5. Parking (maximum \$15.00/day) \$ _____

6. Others – please specify: _____ \$ _____

SUB-TOTAL \$ _____

GRAND TOTAL \$ _____

Why do you wish to attend this course/workshop/activity? _____

Date: _____ Applicant's signature: _____

Recommendation of Immediate Supervisor (must be signed)

I consider that this course/workshop/activity will enable this employee to acquire/improve techniques and skills that are related to his/her duties.

A replacement employee will be required: Yes No Name of replacement: _____

How many hours/days? _____

Signature: _____ Position: _____

**Send completed form to: Western Quebec School Board,15 Katimavik, Gatineau, Quebec J9J 0E9
Att. Sue Hunter**

Reminder: In order to be reimbursed, you must submit the appropriate expense statement (with receipts) on completion of the course/workshop/activity to Sandra Cox