

PROFESSIONAL DEVELOPMENT FUND APPLICATION

MUST BE COMPLETED IN FULL AND EMAILED TO YOUR SUPERVISOR FOR APPROVAL

☐ SCFA
 ☐ SCFA COMMON
 ☐ BCGEU COMMON
 ☐ PPWC
 ☐ EXEMPT

Employee Name:	School/Department:
Submission Date (mm/dd/yyyy):	Total Cost of Activity: \$
Start Date of Activity (mm/dd/yyyy):	End Date of Activity (mm/dd/yyyy):
Funding Category: ☐ Group ☐ Individual ☐ Top-Up ☐ Special PD	
Name of activity/course:	Location of activity/course:
Have you received PD Funds this fiscal year (April 1 - March 31): ☐ Yes ☐ No	
Will you be receiving funds from any other source: ☐ Yes ☐ No	
If yes, how much did you receive and from whom:	

INFORMATION REQUIRED FOR ALL MATERIALS OR EXPENSES THAT ARE NEEDED OR HAVE BEEN PURCHASED

DESCRIPTION OF REQUEST - e.g. mileage, airfare, accommodation, food expenses, registration fees, event fees, books, transportation (bus, train, etc.)	AUTHOR / PRODUCER / ORGANIZER	DATE OF PURCHASE (MM/DD/YY)	COST \$
TOTAL COST: \$			

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**Selkirk
College**

Human
Resources

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PROPOSED ACTIVITY/COURSE – *Describe the proposed activity.*

URL – *Please include a URL of the conference or workshop agenda, course outline etc.*

ALIGNMENT WITH CRITERIA – *Describe how the activity/course fits the criteria (as per applicable Terms of Reference) for this fund and how this will benefit the group or individual that will take part in this PD activity.*

ADDITIONAL INFORMATION – *Add any other information that may assist the PD Committee in making a decision.*

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PLEASE IDENTIFY ALL FUNDING SOURCES FOR THIS ACTIVITY/EVENT

SOURCE	AMOUNT	ACCOUNT CODE (to be entered by Supervisor or PD Committee only)

APPROVAL – TO BE COMPLETED BY SUPERVISOR / SCHOOL CHAIR

☐ Recommended ☐ Not Recommended ☐ Departmental Funding ☐ No ☐ Yes: \$ _____

Supervisor / School Chair Signature

Second Supporter for Group PD

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

Dean / Senior Manager Signature (for special circumstances only)

Executive Member Signature (if applicable)

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

PD COMMITTEE USE ONLY

ELIGIBILITY INFORMATION

Eligible Amount: \$ _____ ☐ Not Approved ☐ Approved **Total Grant Approved: \$ _____**

PD Activity Report Received: ☐ Yes ☐ No

Date Package Sent to Applicant: _____

Date Received: _____

Date Approved: _____

APPLICATION NUMBER: _____