

OSSTF District 16 Educational Services Committee
Conference / Training Course Funding Request Form

Name of Teacher: _____

Teacher Non-board Email _____

Today's Date: _____

Name of School: _____

OPTION 1 - Select a conference from this drop down menu (which is a list of preapproved conferences only)

Name of Conference _____

/Training Course: _____

OPTION 2 - Type/Write the name of the conference (*only if it is not*) found in the above drop down menu list

Name of Conference _____

/Training Course: _____

Website of Conference/Training Course and Info: _____

Members will be notified (via email) of the status of their application within 5 business days of the receipt of the application.

Date(s) of Conference
or Training Course: _____

Indicate Semester Conference Occurring: _____

Conference Registration
Cost or Fee (only): _____

Amount requested from OSSTF District 16: _____

[maximum one conference and \$100 per member per school year]

Indicate other sources from which you are requesting conference/training course financial assistance:

School/Department

Board

Other

Amount anticipated from other sources: \$ _____

Subjects Currently Teaching: _____

How will this Conference/Workshop assist me with my professional learning and/or wellness (*must complete this field*):

TO SUBMIT THIS FUNDING REQUEST

If you have Adobe Acrobat Professional:

Save a copy of the completed form (*yourname.pdf*) for your records and email the file to d16.office@osstfd16.on.ca

If you have Adobe Acrobat Reader:

Print 2 copies of the completed form. Retain 1 copy for your records and send 1 copy to OSSTF D16 - Attn Daniela Miele

If you are filling out this request manually: (*you can check pre-approved conference list with your Branch Rep*)

Complete this form. Make 2 copies. Retain 1 copy for your records and interoffice mail 1 copy to OSSTF D16 - Attn Daniela Miele

NOTE: Applications submitted in July and August will not be processed until September. Normal pre-approval timelines will not apply.

OSSTF District 16 Office Use Only

Request received: _____

Date: _____

Request forwarded to Ed Services Committee for approval: _____

Date: _____

Amount Approved: _____

\$ _____

Approval Notification Sent to Member: _____

Date: _____

Request for receipts forwarded to Member: _____

Date: _____

Notes:

Date Paid: _____

Cheque # Issued: _____