



District 2, Educational Support Staff Bargaining Unit
674 Pine Street Sault Ste. Marie, ON P6B 3G1

PROFESSIONAL DEVELOPMENT APPLICATION FORM

Name: _____

School: _____

Job Classification: _____

Address: _____

Phone: _____

City/Town: _____

Postal Code: _____

SECTION A:

I am applying to be an OSSTF representative to the Conference/Activity indicated below and herein request Professional Development Funds from the ESS bargaining Unit. I have read and agree with the guidelines outlined in the funding policy.

SIGNATURE: _____ **DATE SUBMITTED:** _____

Outline Anticipated Benefits to self/students/OSSTF/school:

SECTION B: Conference/Workshop/Activity – Details and Cost

Name of Conference: _____

Date(s) of Conference: _____

Location: _____

Accommodation: _____

Registration fee: _____ **Travel cost:** _____

Accommodation Cost: _____

Release time cost: _____

TOTAL ESTIMATED COST: _____

SECTION C:

Amount of funds granted from all sources:_____

If relevant, list the sources:_____

SECTION D:

I have applied for a leave:YES _____ NO _____

Approval received for the leave.

Supervisor's Name: _____ YES ____ NO ____

SECTION E:

Please submit a brief description of the conference/workshop/activity that you wish to attend at least

four (4) weeks prior to the date. Copies of any pertinent advertisements and/or literature on the activity

will assist the Executive with processing your application.

**APPLICATIONS MUST BE FORWARDED TO:
ESS President at 674 Pine Street, Sault Ste. Marie, ON P6B 3G1
Or Fax to (705) 759-0160**