


**OUT-OF-PROVINCE PROFESSIONAL
LEARNING REQUEST FOR SUPPORT**

OUT-OF-PROVINCE PROFESSIONAL LEARNING REQUEST FOR SUPPORT—GCID-E3		
Please send to the specific assistant superintendent for approval.		
Name:	School: Select one	Position:
Inservice/workshop name:	Location:	Date(s):
Rationale:		
	Anticipated	Requested Support
Registration fee	\$	\$
Accommodations	\$	\$
Airfare/travel	\$	\$
Per diem	\$	\$
Is support requested from other sources? <input type="checkbox"/> No Amount: \$		
<input type="checkbox"/> Yes Source:		
Teacher's signature		
	Date:	
Principal's approval		
	Date:	
Assistant superintendent responsible for approval:		
<i>Payment will be made upon receipt of requisitions.</i>		
FOR OFFICE USE ONLY		
	Approved	Paid
Registration fee	\$	\$
Accommodations	\$	\$
Airfare/travel	\$	\$
Per diem	\$	\$
Assistant superintendent's approval:		
<input type="checkbox"/> Denied <input type="checkbox"/> Approved Signature: _____		Date:
Budget code:		
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Effective Date: June 7, 2005

Amended Date: September 9, 2013;
 September 18, 2018

Board Motion(s): 301/05; 194/18; 76/21

Legal/Cross Reference:

Review Date: March 10,
2021