



STAFF DEVELOPMENT – SUPPORT STAFF - APPLICATION FORM

- **PLEASE READ THE STAFF DEVELOPMENT FUND GUIDELINES AND THE INSTRUCTIONS TO APPLICANTS BEFORE COMPLETING THIS APPLICATION.**

SURNAME: _____ GIVEN NAMES: _____

EMPLOYEE #: _____ POSITION: _____

WORKSITE: _____

WORK #: _____ HOME #: _____ FAX #: _____

ACTIVITY: _____

LOCATION: _____

ACTIVITY START DATE: _____ END DATE: _____

DOES ACTIVITY TAKE PLACE DURING REGULAR WORK HOURS? YES ___ NO ___

IF YES, WILL YOU REQUIRE A SUBSTITUTE? YES ___ NO ___ # OF HOURS: _____

(If a Substitute is required the cost will be deducted from your total \$700.00 allowance).

REGISTRATION FEE (not to include Memberships) \$ _____

HOTEL (max. \$100/Cdn. per day includes taxes & GST) \$ _____
(Out of town expenses only)

MEALS (max. \$50/Cdn. per day includes taxes & GST) \$ _____
(Out of town expenses only)

SUBSTITUTE: \$ _____

TOTAL COSTS: \$ _____

DATE SUBMITTED: _____ SIGNATURE: _____

SIGNATURE OF SUPERVISOR: _____

Please send/fax to: CBE Staff Association Staff Development Office
#3, 1915 - 32nd Avenue N.E.
Calgary, AB T2E 7C8
Phone: 403.242.7555 Ext. 3 **Fax: 403.203.1716**
Please Note: Can also be sent through the CBE Inter-School mail