



#3, 1915 - 32nd Avenue N.E.
Calgary, Alberta
T2E 7C8

Phone: 403.242.7555, ext. #3
Staff Development Fax: 403.203.1716

STAFF DEVELOPMENT – SUPPORT STAFF - APPLICATION FORM

• PLEASE READ THE **STAFF DEVELOPMENT FUND (MAIN BODY) GUIDELINES** AND THE INSTRUCTIONS TO APPLICANTS BEFORE COMPLETING THIS APPLICATION.

SURNAME: _____ GIVEN NAME: _____

EMPLOYEE #: _____ POSITION: _____

WORKSITE: _____

WORK #: (403) _____ HOME #: (403) _____ **FAX #:** (403) _____
(required field for confirmation)

ACTIVITY: _____
(one course per application)

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 \$1,000.00 allowance).

REGISTRATION FEE (not to include Memberships) \$ _____

BOOK FEES (course material) \$ _____

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 fax to: **403.203.1716**
This application can also be mailed to the above noted
address or sent through the CBE inter-school mail