



REQUEST FOR REIMBURSEMENT FOR PROFESSIONAL IMPROVEMENT

(Refer to guidelines in P.I.C. Booklet)



This form is to be mailed to P.I.C., c/o Assistant Director of Human Resources (Support Staff), EMSB.
Please complete all sections. (The Professional Committee will meet on a quarterly basis during the school year.)

Name: _____ **Employee Number:** _____
Dept./School: _____ **Position:** _____
Tel. # at work: _____ **Fax #:** _____

COMPLETE ONE CATEGORY ONLY

Please indicate: **CREDIT COURSE:** _____ **NON-CREDIT COURSE:** _____
(i.e. continuing education)

Course Title: _____ Course Number: _____
Program: _____ Institution: _____
Starting Date _____ Ending Date _____

Deadline dates for course requests

Summer	July, August	August 15
Fall	September, October, November, December	October 30
Winter	January, February, March, April	February 28
Spring	May, June	May 31

CONFERENCE / SEMINARS / WORKSHOPS: Please indicate:

Title or Activity: _____
Date(s): _____ Sponsors: _____ Location: _____
What are your objectives in taking part in this activity? _____

BUDGET REQUESTED:

REGISTRATION	HONORARIUM	SCHOOLING	MEALS & ACCOMODATIONS	TRANSPORTATION	OTHER	TOTAL

Signature of Applicant _____
Date

Signature of Immediate Superior _____
(required only if workshop is taken during working hours) Date

DECISION OF PROFESSIONAL IMPROVEMENT COMMITTEE:

REGISTRATION	HONORARIUM	SCHOOLING	MEALS & ACCOMODATIONS	TRANSPORTATION	OTHER	TOTAL

- Approved
- Modified
- Refused

Reason for refusal or modification:

Total allocated: \$ _____

EMSB Representative / APPA Representative

Date: _____

