



**REQUEST FOR REIMBURSEMENT
FOR PROFESSIONAL IMPROVEMENT**
(Refer to guidelines in P.I.C. Booklet)



This form is to be emailed to appa_pic@emsb.qc.ca. Please ensure that you 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: _____ Email Address: _____

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 _____

Please indicate: **CONFERENCE** **SEMINARS** **WORKSHOPS**
 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

Reason for refusal or modification:

Committee Signatures and Date

Approved

Modified

Refused