



REQUEST FOR RELEASE FROM REGULAR DUTIES
- PROFESSIONAL DEVELOPMENT/ IN SERVICE/
OTHER MEETINGS

To be Completed by APPLICANT:

Applicant's Name: _____ Worksite: _____
 Description of Activity: _____
 Date(s) of Activity: _____ Location: _____
 Substitute Required: No Yes (If teaching staff, complete a TOC request form & submit to School Principal.)
 If YES, indicate time: _____ and Dates: _____

***PLEASE NOTE:** Applications should be submitted at least 2 weeks prior to the in-service/meeting date. Applicant is responsible for directing form to all signers.*

Budget # _____ Name of Budget Authority: _____

To be Completed by APPLICANT and forwarded to BUDGET AUTHORITY:

(This is an estimate of costs. An expense claim is required to claim actual costs, after the event.)

COSTS:	ESTIMATE:	COMMENTS:
Fees:	_____	
Travel _____ km @ \$.50/km	_____	
Meals:	_____	
Accommodation:	_____	
Other: (bus, ferry, etc.)	_____	
TOTAL:	<u>_____</u>	

Signature of Applicant: _____ Date: _____

Approval of Principal / Supervisor: _____ Date: _____

Approval of Budget Authority: _____ Date: _____

Completed forms to be submitted to the School Board Office.

Cc Payroll
 School
 Budget Authority