



**REQUEST FOR CONFERENCE/WORKSHOP/
NON-CREDIT COURSE/CREDIT LEAVE**

FORM 423-01

NAME: _____ **SCHOOL PHONE #:** _____

SCHOOL: _____ **SCHOOL FAX #:** _____

NAME OF LEAVE: _____

SPONSORED BY: _____ **LOCATION:** _____

DATE & TIME OF DAY LEAVE BEGINS: _____

DATE & TIME OF DAY LEAVE ENDS: _____

NUMBER OF SUB DAYS REQUIRED: _____ (3 Sub Days Max plus travel allowance – <300 km = ½ day, >600 km = 1 day)

ESTIMATED COST OF LEAVE: _____ {See claim information on claim form 423-1(a.)}

ATTACH COPY OF BROCHURE

Does this leave support your Professional Growth Plan? _____
Is this your first conference/workshop leave application this school year? _____

Principal’s Approval of Professional Growth Activity

Signature of Principal
(prior to submission to Zone Rep.)

Signature of Applicant

Date Received

APPROVED BY: _____
Signature of Zone Rep.

**REQUESTS MUST BE SUBMITTED TO THE APPLICABLE PROFESSIONAL GROWTH
ZONE REP A MINIMUM OF 2 WEEKS IN ADVANCE OF LEAVE.**

****If leave is not taken, the zone rep must be notified within 5 days of the approved leave.**

Professional Growth Zone Reps:

- HINTON: email: atahintonrep@gypsd.ca
- EDSON: email: ataedson1rep@gypsd.ca (Elementary)
ataedson2rep@gypsd.ca (Jr/Sr High)
- LOBSTICK: email: atalobstickrep@gypsd.ca
- GRANDE CACHE: email: atagcrep@gypsd.ca
- JASPER: email: atajasperrep@gypsd.ca

DISTRIBUTION: atapg@gypsd.ca; Principal/School Secretary; Applicant; PG Representative