



**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:	Ryan Maguhn	Harry Collinge High School	email: ryanmagu@gypsd.ca
EDSON:	Jan Wiens	Parkland Composite High School	email: ataedsonrep@gypsd.ca
	Marina Halger	Mary Bergeron Elementary School	email: marihagl@gypsd.ca
LOBSTICK:	Tina Morrison	Evansview School	email: tinamorr@gypsd.ca
GRANDE CACHE:	Brenda Kelly	Sheldon Coates School	email: brenkell@gypsd.ca
JASPER:	Becky Koss	Jasper Elementary School	email: beckkoss@gypsd.ca

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