



CLAIM FORM FOR CONFERENCE/WORKSHOP FORM 423-01(a)
NON-CREDIT COURSE/CREDIT LEAVE

Name: _____ Date of Application: _____
Conference/Workshop: _____
Date: _____ Location: _____

CLAIM INFORMATION:

A. NUMBER OF SUBSTITUTE DAYS REQUIRED:

Certificated Teacher _____ days @ \$206.61 per day = _____

Classroom Supervisor _____ days @ \$125.35 per day = _____ **(A)** _____

B. APPLICANT CLAIM:

If personal credit card was used, please indicate by checking box on left.

CREDIT CARD

ACCOMMODATION (attach receipt) = _____

PRIVATE ACCOMMODATION ALLOWANCE (no receipt) = _____

REGISTRATION FEE (attach receipt) = _____

Claim one (1) of the following:

I. CREDIT CARD

ECONOMY AIRFARE (attach receipt) = _____

Return mileage to airport _____ km @ ATA Rate \$ 0.53 = _____

OR

II. Mileage _____ km @ ATA Rate \$ 0.53 = _____

(B) _____

C. SUBSISTENCE:

_____ DAYS x \$35/DAY = _____ **(C)** _____

(B & C payable to teacher)

D. TOTAL CLAIM:

(A + B + C) \$ _____

Signature of Applicant

Date Received

ESC Authorization

Completed claim form must be scanned within 30 days of the conference to
atapq@gypsd.ca

DISTRIBUTION: atapq@gypsd.ca; applicant

REFLECTION ON CONFERENCE/WORKSHOP/NON-CREDIT COURSE/CREDIT LEAVE

Teacher: _____ **Date:** _____

School: _____ **Phone:** _____ **Fax:** _____

Conference/Workshop: _____

1. In what ways has your conference/workshop leave been successful?

2. What would have helped to make your conference/workshop more successful?

3. In what ways has attending this conference/workshop improved your teaching?

4. In what ways do you plan to share this with your colleagues?

