

Has the location been approved by the Superintendent or designate? Yes No

Have you attached the required copy of the email approval including the purpose of the intervisitation? Yes No

Does this leave support your Professional Growth Plan? Yes No

NAME: _____

SCHOOL: _____

TELEPHONE: Home _____

School _____

TYPE OF LEAVE: Within Zone Within Division Out of Division

LOCATION OF INTERVISITATION SCHOOL _____

TEACHER(S) BEING VISITED: _____ DATE OF INTERVISITATION: _____

SUBSTITUTE COVERAGE REQUIRED? For Self YES NO
For GYPSD teacher being visited YES NO

EXPENSE CLAIM FORM FOR ALL INTERVISTATIONS MUST BE SUBMITTED REGARDLESS OF CLAIM AMOUNT

ESTIMATED COST OF INTERVISITATION: _____
(see claim information on claim form)

Is this your first conference/workshop leave application this school year? _____

Signature of Principal
(prior to submission to Zone Representative)

Signature of Applicant

Date Received

APPROVED BY: _____
Signature of Zone Rep.

REQUESTS MUST BE SUBMITTED TO THE APPLICABLE PROFESSIONAL GROWTH ZONE REP AT LEAST A MINIMUM OF 2 WEEKS IN ADVANCE OF INTERVISITATION.

****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)
email: 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