



REQUEST FOR PD FUNDS - PUBLICATIONS 2024-2025

Request to: [ ] Hold Funds (resubmit form for reimbursement) [ ] Request Reimbursement

Please Check Funding Period:

[ ] Fall Funding Period (Sep-Jan 31) [ ] Winter Funding Period (Feb 1-Apr 30) [ ] Spring Funding Period (May 1-Jun 30)

PD Publication (from NVTA Pro D Policy): Trial basis for 2024-2025 school year. If an individual allotment is being used to purchase a professional development publication for self-directed PD, a description of how the resource will be used as PD must be provided. Please include what the resource is with a link, and how it will be used in your professional practice. Student materials or student subscriptions are ineligible for reimbursement. No top-up will be provided for professional development publications. The PD Chairperson may consult with the PD Steering Committee to approve resources. All applicants must apply within the PD budget year (September – June 30). All applicants are encouraged to apply in advance of their activity/workshop. Email request to pdfforms@nvta.ca or send in the milkrun

Member Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

Department/Grade/Assignment: \_\_\_\_\_

Publication Title: \_\_\_\_\_

Total Publication Expense Requested: \$ \_\_\_\_\_

\*NOTE: PD Publication reimbursement is part of total PD allotment to a maximum of \$400/member

OFFICE USE ONLY: L# \_\_\_\_\_ Amount Reimbursed: \_\_\_\_\_ Previous Reimbursement: \_\_\_\_\_ Maximum Reimbursement: \_\_\_\_\_

If approved, cheque will be sent in the milkrun to your school: \_\_\_\_\_ OR (list if different from above)

[ ] Mail to (special circumstances only): \_\_\_\_\_

BEFORE YOU SUBMIT. PLEASE CHECK BOXES:

Email forms to pdfforms@nvta.ca or send by milkrun

Did you attach: Please check [ ]

- [ ] Receipt for publication expense [ ] Completed 2nd page of application

Did you: Please check [ ]

- [ ] Select Funding Period [ ] Sign and date form

Date: \_\_\_\_\_ Member Signature: \_\_\_\_\_

THIS SECTION TO BE FILLED BY PRO D CHAIR ONLY Cheque Number: \_\_\_\_\_ Cheque Amount: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ PDC Approval: \_\_\_\_\_

