

VINTA PRO-D FORM
APPLICATION FOR PROFESSIONAL DEVELOPMENT
Please submit a minimum of five days prior to workshop for approval

Applicant's Name _____
Date of Application

School of Applicant _____
Phone or Email of Applicant

SUBMIT APPLICATION TO SCHOOL BOARD OFFICE – APPLICATION FOR:

Individual Directed **Mentoring Program** **Self Directed (No Cost)**
District Directed **Professional Materials** **School Committee/Collaboration Grant**
circle applicable option

Out-of-District Workshop/Visitation In-District Workshop/Visitation/ PSA Membership
Pro-D Activity Description: Collaboration Grant

Activity Location: _____ **Activity Date(s):** _____

EXPENSES AS PER VINTA POLICY	ESTIMATE	ACTUAL
Travel: Vehicle _____ km. @ \$0.68/km.	_____	_____
Ferry _____	_____	_____
Air _____	_____	_____
Hotel: _____ nights @ \$ _____/night (\$30/night allowed for staying at friends/relatives)	_____	_____
Meals: Breakfast _____ @ \$20.00	_____	_____
Lunch _____ @ \$25.00	_____	_____
Dinner _____ @ \$40.00	_____	_____
Registration Fee: _____	_____	_____
Other Expenses (specify): _____	_____	_____
TOTAL:	=====	=====

Is a teacher-on-call required for this activity **Yes** **No**

Has your AO been informed? _____ **AO's Initials** (for information only – not for approval)

What day(s) is a TTOC required? Day 1 _____ am/pm Day 2 _____ am/pm

Eligible for TWO TOC days under Individual Pro-D. No TOC allowed for self-directed.

Leave of absence is _____ **granted** _____ **denied.**

TOC cost is invoiced to _____ **SBO** _____ **VINTA.**

Date of Approval: _____ **Superintendent** _____

NOTE: All areas of this form must be completed prior to approval.

SUBMIT APPLICATION TO BOARD OFFICE FOR SUPERINTENDENT'S APPROVAL.