WESTWIND SCHOOL DIVISION #74
Box 10 445 Main Street Cardston AB T0K 0K0 ph: 403 653 4991 fax: 403 653 4641
"empowering potential"

APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE
TEACHER / SUPPORT STAFF

INSTRUCTIONS:

1. This form is to be completed **at least two (2) weeks** prior to the requested leave.
2. The teacher and/or support staff member will submit the request to the school-based professional development committee which will:
   a) review programs and approve appropriate requests
   b) submit the form to the principal for recommendations and approval
   c) forward the request to the superintendent or designate
   d) notwithstanding, teachers/support staff have the right to appeal all decisions to the superintendent of schools and/or Board of trustees
3. The superintendent or designate will approve the absence and the funding for a substitute and fax a copy back to the school.

Please check (√) appropriate box below:

❒ Teacher ❒ Support Staff

NAME(S): 1._____ 3._____

2._____ 4._____

Date of Conference:		**Date Submitted:**	
School Name:			
Conference/Activity Name:			

School Based:

❒ PD Personal

Division Based: *(Please check one)*

❒ AISI (More for Four) ❒ ADMIN. Conf.
❒ AISI (Empowering Potential) ❒ FNMI PROJECT
❒ PD Special Needs ❒ PD Curriculum
❒ PD Exam Marking ❒ PD Technology

DESTINATION:		**HOTEL:** *(# of nights)*			
BREAKFAST: *(# of meals)*		**LUNCH:** *(# of meals)*		**DINNER:** *(# of meals)*	

I REQUEST PERMISSION TO BE ABSENT FROM SCHOOL FOR: *(Please check (√) and specify information)*

❒½ Day *(specify)*:_____ ❒Other *(specify)*:_____

❒1 Full Day *(specify)*:_____ ❒No Sub Required *(specify)*:_____

SIGNED _____ **DATE** _____
Applicant

APPROVED _____ **DATE** _____
School-Based Professional Development Representative

APPROVED _____ **DATE** _____
School Principal

APPROVED _____ **DATE** _____
Superintendent or Designate