



2021-2022 CONFERENCE/WORKSHOP FUNDING FORM

Please read the Professional Learning Policy prior to submitting this form
(in the Sidebar menu – Committees – Professional Learning)

ETFO-YR OCCASIONAL TEACHERS

Complete the following form in its entirety. Incomplete forms will **not** be accepted.

Conference funding request forms should be sent to ETFO-YR OT, **after** successful conference participation.

To avoid delays please include both “*proof of attendance*” and “*receipt of payment*” **along with this form**. **Do not** mail documentation separately.

Mail documentation to:
or use school courier to:
Catherine Sohl ETFO-YR OT Office

ETFO-YR OT Office ~ Attention Catherine Sohl
30 Eric T Smith Way
Aurora, Ontario
L4G 0Z6

IMPORTANT: Conference Funding requests must be submitted to ETFO-YR OT no later than 8-weeks after conference attendance in order to be eligible for conference funding subsidy consideration.

ETFO YR OT Local will charge \$12.00 to issue a Stop Payment for lost cheques.

Name	First Name	Surname
Home Address (Location cheque will be mailed to)		
Telephone		
NON BOARD Email Address		
YRDSB Employee #		
Did you apply to ETFO-YR OT for conference subsidy Pre-Approval?	YES - Date of Pre-Approval Request	NO
Is this your first conference funding request for the current school year?	YES	NO – Conference Reimbursement(s) received to date: \$

Conference/ Workshop Information: Please Print.

Name of Conference/Workshop:	
Location:	
Conference/Workshop Date(s):	
Conference/Workshop Fee: <small>Note: Conference/Workshop subsidies are limited to REGISTRATION fees. Transportation and accommodation costs to attend conferences WILL NOT be reimbursed.</small>	
Are you receiving subsidy from any other Institution/Organization? If yes, how much and from whom?	

Supporting Documentation:

Please make sure that you have included **BOTH**. (Please check ✓)

- Proof of Conference/Workshop Participation (i.e. certificate of completion/ copy of conference agenda/ name badge)
- Receipt of Conference/Workshop Payment (i.e. copy of cheque /credit card statement, confirmation of payment invoice)

Signature of Occasional Teacher: _____ **Date:** _____

OFFICE USE ONLY:

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Pre- Approval Received:	YES	NO
Final Approval:	YES	NO