2026-2027 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

IMPORTANT:
Please read & complete all sections of this form.

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
or scan to: professional-learning@etfo-yr-ot.ca

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 $20.00 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: **Note: Conference/Workshop subsidies are limited to REGISTRATION fees. Transportation and accommodation costs to attend conferences WILL NOT be reimbursed.**	
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 √)

- O *Proof of Conference/Workshop Participation (i.e. certificate of completion/ copy of conference agenda/ name badge)*
- O *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

Rev 07/2026

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

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING