



# Dufferin-Peel Catholic District School Board

## REQUEST FOR CONFERENCE FUNDING PROFESSIONAL LEARNING FUND O.E.C.T.A. SECONDARY MEMBERS

Employee ID Number

Use TRACS Code 55 for Supply Coverage  
Notify Corporate Services Training immediately:  
if you cancel your attendance or if you will not require supply  
coverage previously approved  
Prior approvals are required before attendance  
Courses are not paid for under conference funding

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Surname First Name mm dd yy

School \_\_\_\_\_

Title of Conference **PLF** \_\_\_\_\_ Supply Teacher coverage required:  
1 / 2 day  1 day  2 days

Date(s) of Conference \_\_\_\_\_ to \_\_\_\_\_ No Supply Required   
mm dd yy mm dd yy

Registration Fee \$ \_\_\_\_\_ (including GST if applicable)

**Signatures required** prior to registering for a conference: **Employee, Principal, Superintendent, and Coordinator, Corporate Services Training.**

\_\_\_\_\_  
Signature of Employee Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent Date \_\_\_\_\_

\_\_\_\_\_  
Signature, Coordinator, Corporate Services Training Date \_\_\_\_\_

### TO BE COMPLETED BY CORPORATE SERVICES TRAINING DEPARTMENT, HUMAN RESOURCES

Member OECTA Secondary  Date of last Conference (if applicable) \_\_\_\_\_

Funding Amount Approved \$ \_\_\_\_\_ Comments: \_\_\_\_\_

**Use TRACS Code 55**

Supply Day(s) Approved # \_\_\_\_\_ \$ \_\_\_\_\_

Total Cost Approved \$ \_\_\_\_\_

**Funding approved**  **Funding not approved**

**AFTER ATTENDING THE CONFERENCE, RETURN THIS APPROVED FORM WITH YOUR RECEIPT TO THE CORPORATE SERVICES TRAINING DEPARTMENT, CEC, FOR A REFUND.** (Questions call: (905) 890-0708, ext. 24274)