



Waterloo Region
District School Board

EL

Request for Short-Term Educational Leave

OSSTF District 24 T.B.U. Professional Development

(to be submitted at least 3 weeks prior to the activity)

Applicant's Name: _____ Phone: Bus: _____

Home Address: _____ Res: _____

City/Town: _____ Postal Code: _____

School/Location: _____ Department: _____ Grades/Subj: _____

Last workshop/conf. attended: _____ Date: _____

Description of Request

Name / Title of Activity: _____

Place of Activity: _____ Date(s) of Activity: _____

Nature or Purpose: _____

Sponsoring Organization: _____

Estimation of Expenditures

Additional Clarification of Request : _____ Registration/Tuition: \$ _____

_____ Travelling Expenses: \$ _____

_____ Meals: \$ _____

_____ Accommodation: \$ _____

Explanation of Misc. Expenses, if any: _____ Miscellaneous: \$ _____

_____ Total: \$ _____

Number of Occasional Teacher Days Required _____

Signature of Applicant: _____ Date: _____

Signature of Principal/VP/Supervisor: _____ Date: _____

Support of OSSTF Teachers' Bargaining Unit

No. of Occasional Teacher Days Approved: _____ Signature: _____

Date: _____