

Date Paid \_\_\_\_\_

# Lambton Kent ETFO

## Professional Development

### Individual Support Request Form



Return Completed form and attached receipts to:  
Lambton Kent Elementary Teachers' Federation  
30 McNaughton Ave., Wallaceburg Ontario N8A 1R8  
Fax 519 628 5416  
You may also use the LKDSB Courier

#### Guidelines

1. Members must apply following the completion of the course/workshop/conference.
2. The course must take place within the Local's fiscal year – July 1<sup>st</sup> to June 30<sup>th</sup>.
3. The deadline for applications to be received by the Local Office is the second Friday of June.
4. The maximum allowable reimbursement is \$250.  
(Tuition, materials, accommodation, and transportation at the LKETFO rate can be claimed.)
5. Costs for Occasional Teacher coverage are not an eligible expense.
6. Members may apply once every two years.
7. Support will be provided by dividing the total individual support budget line by the total number of applications. If there are more than 60 applications for full support, then the amount of support will be pro-rated.
8. Receipts must be attached to this request form.
9. Please Note: Cheques will be prepared after the second week of June.

***Remember, you may be able to access funding through either your school or the Board's Program Department.***

#### Teacher Information – All sections must be completed.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

#### Course/Conference/Workshop Information

Name/Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year      End Date: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

General Outline of Program

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Please remember to attach receipts to the reverse side of this form!