

**EDUCATION ASSISTANT**  
**Application for Professional Development and Relief Cost**

Name of Education Assistant:		Date:
School:	Phone:(h)	(s)
Date(s) Requested:	to	
<i>*Please complete the CUPE Relief Request form if a sub is required.*</i>		
Description of Professional Development (attach brochure):		
Describe how this activity will benefit your role as a paraprofessional:		
<b>Anticipated Expenses:</b>		
Travel — bus, airfare or gas:	Accommodation:	
Registration fee:	Sub Costs:	
Total Professional Development Funding Requested: \$ 0.00		
<i><b>Note:</b> To auto-calculate the <b>total field</b> above, right-click on the field and select "update field".</i>		

Education Assistant Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

(Send Form to Inclusive Education for Approval)

<b>Inclusive Education Use Only</b>			
Approved _____	Denied _____	With Pay _____	Without Pay _____
Director of Inclusive Education Signature: _____			
Professional Development Funding APPROVED: _____			
Applicant Advised: _____	Cheque requested: _____	Date: _____	Initials: _____
Code Charged To: _____		Cost of Sub: _____	