

APPLICATION 2017-2018 Support Staff Professional Improvement Committee (PIC) WESTERN QUEBEC SCHOOL BOARD

dame:	to you in the performance of your duties with WQSE Please submit your claims together, if you are splitting the cos accommodations/transportation with someone else. Name:	Postal) ne 30 or \$1200 j
Position:	Position:	Postal) ne 30 or \$1200 p
In the second sec	Construction Instrict a gradient and gradient and a gradient and gradient and a	Postal) ne 30 or \$1200 j
Dependent of inductional of inductional inductinal inductional inductinal inductional induction	Dayane Edwamp / Technician Maintenance / Caractalaer Attendent to Handkapped / Special Education Technician Other (special) Place of work (School or Board Office):	Postal) ne 30 or \$1200 j
Other toppeddy Vitace of work (School or Board Office):	Conter (specify) Place of work (School or Board Office): Home address: No. Street COURSE/WORKSHOP/ACTIVITY (Include brochure or course description with this application) Courstion:) ne 30 or \$1200 j
No. Street City Province Postal COURSE/MORKSHOP/ACTIVITY (Include brochure or course description with this application)	No. Street City Province COURSE/WORKSHOP/ACTIVITY (Include brochure or course description with this application) Title:) ne 30 or \$1200 j
No. Street City Province Postal QUESE/WORKSHOP/ACTIVITY (Include brochure or course description with this application)	No. Street City Province COURSE/WORKSHOP/ACTIVITY (Include brochure or course description with this application)) ne 30 or \$1200 j
COURSEAVORKSHOP/ACTIVITY (Include brochure or course description with this application) Title:	COURSE/WORKSHOP/ACTIVITY (Include brochure or course description with this application) itle:	ne 30 or \$1200 j
Itle:	itle: ocation: huration: ttarting date: Why do you wish to attend this course/workshop/activity? Introduction: NTICIPATED EXPENDITURES (\$600 max per year per employee per school year: July 1 to Jur years * tenured employees only) Replacement cost I was asked by my supervisor to attend S I want to attend voluntarily Tuition fee or registration fee. Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Name Amount S S Transportation. If you are travelling with someone please indicate the name(s) below. S Name Amount I you are travelling with someone please indicate the name(s) below.	ne 30 or \$1200 j
cocation:	ocation:	i
uration:	buration: itarting date: // Yy do you wish to attend this course/workshop/activity? Image: Strain of the strength of the strengeh of the strength of the strengeh of the	i
Starting date:	Starting date: Why do you wish to attend this course/workshop/activity? INTICIPATED EXPENDITURES (\$600 max per year per employee per school year: July 1 to Jure s years * tenured employees only)	i
Why do you wish to attend this course/workshop/activity? INTICIPATED EXPENDITURES (\$600 max per year per employee per school year: July 1 to June 30 or \$1200 years ' tenured employees only) Replacement cost was asked by my supervisor to attend J want to attend voluntarily Tuition fee or registration fee. Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Name S S Transportation. If you are travelling with someone please indicate the name(s) below. Name Amount S Mame Amount S S Mame Amount S S Mame Amount S S S S S S Mame S S S S S S S S S <	Vhy do you wish to attend this course/workshop/activity? Image: Constraint of the second se	i
	ANTICIPATED EXPENDITURES (\$600 max per year per employee per school year: July 1 to June 2 years * tenured employees only)	i
typears * tenured employees only) I was asked by my supervisor to attend \$	2 years * tenured employees only) Replacement cost I was asked by my supervisor to attend I want to attend voluntarily 2. Tuition fee or registration fee. 3. Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Some Amount \$	i
typears * tenured employees only) I was asked by my supervisor to attend \$	expears * tenured employees only) Replacement cost I was asked by my supervisor to attend I want to attend voluntarily Tuition fee or registration fee. Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Name Amount	i
Replacement cost I was asked by my supervisor to attend \$	Replacement cost I was asked by my supervisor to attend I want to attend voluntarily Tuition fee or registration fee. Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Name Amount \$	
Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Name Amount	 Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Name Amount \$	6
Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Name Amount	 Accommodation. If you are sharing a room please list the name(s) and the amount(s) below. Name Amount 	
Name Amount	Name Amount	
\$ \$ \$ \$ Transportation. \$ If you are traveling with someone please indicate the name(s) below. \$ Name Amount \$ \$. Name . Amount \$ \$. \$. \$. Meals. (Breakfast \$15 - Lunch \$15 - Dinner \$35) \$ \$. Meals. (Breakfast \$15 - Lunch \$15 - Dinner \$35) \$ \$. Others. Please specify: \$ \$. Date: . PPLICANT'S SIGNATURE ignature: Date: . Date: . Consider that this course/workshop/activity will enable this employee to acquire/improve techniques and skills that re related to his/her duties.		5
\$	S	
	S \$ Transportation. If you are travelling with someone please indicate the name(s) below. \$ Name Amount \$ \$	
Transportation. If you are travelling with someone please indicate the name(s) below. Name Amount	Transportation. If you are travelling with someone please indicate the name(s) below. Name Amount \$	
If you'are travelling with someone please indicate the name(s) below. \$	If you are travelling with someone please indicate the name(s) below. \$ Name Amount	
Name Arnount	Name Amount	
\$ \$ <td>\$</td> <td>)</td>	\$)
\$	\$	
Meals. (Breakfast \$15 - Lunch \$15 - Dinner \$35) \$ Others. Please specify: \$ GRAND TOTAL \$ <td></td> <td></td>		
GRAND TOTAL \$ PPLICANT'S SIGNATURE Signature:Date: RECOMMENDATION OF IMMEDIATE SUPERVISOR consider that this course/workshop/activity will enable this employee to acquire/improve techniques and skills that re related to his/her duties.		i
GRAND TOTAL \$ PPLICANT'S SIGNATURE Signature:Date: RECOMMENDATION OF IMMEDIATE SUPERVISOR consider that this course/workshop/activity will enable this employee to acquire/improve techniques and skills that re related to his/her duties.	Cithors Plags specific \$	
PPLICANT'S SIGNATURE Signature:	φ	·
Signature:Date:Date:	GRAND TOTAL \$	
RECOMMENDATION OF IMMEDIATE SUPERVISOR consider that this course/workshop/activity will enable this employee to acquire/improve techniques and skills that re related to his/her duties.	PPLICANT'S SIGNATURE	
consider that this course/workshop/activity will enable this employee to acquire/improve techniques and skills that are related to his/her duties.	Signature:Date:	
re related to his/her duties.	RECOMMENDATION OF IMMEDIATE SUPERVISOR	
lame: Signature: Date:		and skills that
	lame:Date:_Date:	

1. Send completed PIC Application form to: picapplications@iawq-aiwq.com

In order to be reimbursed, you must submit the appropriate expense statement (with receipts) on completion of the course/workshop/activity to <u>picapplications @iawq-aiwq.com</u> or send to WQSB attention: PIC Applications