

**CUPE Professional Development Fund  
Application Form**

For Office/Clerical, Technical, Educational Assistants and Custodial/Maintenance Staff

**To be submitted to the CUPE PD Fund Secretary AS SOON AS POSSIBLE - Must be received at least TWO WEEKS PRIOR to the date of the proposed event**

Name: \_\_\_\_\_ Worksite: \_\_\_\_\_

**Check Appropriate Area:**

- |  |  |
|--|--|
| <input type="checkbox"/> Office/Clerical       | <input type="checkbox"/> Technical             |
| <input type="checkbox"/> Educational Assistant | <input type="checkbox"/> Custodial/Maintenance |

**Employment Status:**

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary |
|------------------------------------|------------------------------------|

*Note: Temporary employees are not entitled to compensation for lost wages while attending PD approved through the CUPE PD fund.*

Position: \_\_\_\_\_

Title of the Professional Activity: \_\_\_\_\_  
*(Please attach additional information if possible)*

Value of Attending the Professional Activity: \_\_\_\_\_

Date(s) of the Professional Activity: \_\_\_\_\_

Location: \_\_\_\_\_  
If Professional Activity is not held in Ontario please be prepared to provide rationale when requested.

Supply Needed? (please circle one): YES **or** NO      Number of Days: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

**\*\*Only registration expenses that are supported by receipts will be reimbursed. \*\***

Distance Travelled (round trip): \_\_\_\_\_ kilometers  
(Please note: Reimbursement will be at the current TLDSB rate to a maximum of \$100)

**Other Expenses:** (upon request, consideration may be given to textbooks required by course outline. Receipts and course outline must be submitted.)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgement of Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If absence from your worksite during paid time is required)*

**Please Forward completed application via email to [pdfund@cupe997.ca](mailto:pdfund@cupe997.ca) or by fax to Secretary, CUPE PD Fund @ 1-866-742-1741**