

TEACHERS' PROFESSIONAL IMPROVEMENT COMMITTEE
Request to Attend In-Service Activity

1. Please submit this request to the Department of Human Resources after it has been signed by the designated authority and **include a copy of the programme and a copy of your schedule so we may calculate substitution accurately** by email to PIC_HR@rsb.qc.ca **Applications must be received 20 working days ahead of the conference date.**

NAME: _____ SCHOOL: _____
SUBJECT TAUGHT: _____ Elementary Secondary Adult/Voc.Ed.

2. **ACTIVITY:**

Name of activity you wish to attend: _____
Dates required for attendance from: _____ to _____ inclusive.
Month / day / year Month / day / year
Duration: _____ hours. Location of Activity: _____
Substitute teacher required from: _____ to _____ inclusive.
Month / day / year Month / day / year
Reason for request: _____

3. List conferences attended in past 12 months for which PIC funds were used. NONE

4. **ESTIMATED EXPENSES:**

PLEASE NOTE: You are allowed a MAXIMUM of 2 days substitution which will be covered above the \$1000 in-service activity expenses. If you request more than 2 days of substitution that amount will be deducted from your \$1000 in-service activity before all other requested expenses

Registration fee (Membership fee not included) \$ _____

Substitution costs If more than 2 days substitution - amount will be calculated based on number of minutes (total minutes of tasks as per weekly workload). \$ _____

(please provide your schedule so we may calculate accurately)

(adult ed & voc.ed \$82.77/per 60 minutes) & (youth sector \$63.14/per 60 minutes)

A. Out-Of-Town Conferences

Transportation \$ _____

Meals: \$15.00 Breakfast \$ _____

\$23.00 Lunch \$ _____

\$35.00 Dinner \$ _____

Hotel (\$180.00 per night if applicable) \$ _____

Shared lodging expenses must include all last names on the receipt and each person should pay with their own credit card OR have the lodging invoice split into separate bills.

B. Montreal Area Conferences \$ _____ (receipts required)

\$100 maximum per day (includes parking, food, transportation)

TOTAL: \$ _____

APPLICANT: _____ DATE: _____

DESIGNATED AUTHORITY: _____