CUPE Local 2769
PO Box 105
Gold River, BC V0P1G0
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Professional Development Application Form

Name:_____ Job Title: _____

Location:_____ Activity: _____

Date of Activity: _____ Location of Activity: _____

Estimated Costs: _____
(attach record of expense quotes, accommodation reservation confirmation etc.)

☐ I HAVE REVIEWED THE TERMS OF REFERENCE ATTACHED

Justification: Please explain how this activity applies to your primary job assignment and attach any further information to support your claim.

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Advance Requested : Yes ☐ No ☐

Please be aware NO further applications will be considered until all previous claims are complete.
All receipts for proof of expenses must be submitted within 14 days after the event.