

SD 84/CUPE 2769 JPDC

PROFESSIONAL DEVELOPMENT PLAN APPLICATION

Name: _____ Report Submission Date: _____

Worksite: _____

Details of Proposed Education and/or Training:

Name of Program or Course: _____

Institute: _____

Short Description of Program *(include website address if applicable):*

How will this career development activity benefit you and the School District?

Proposed Starting Date: _____

Anticipated Duration: _____

Anticipated Costs:

Employee Name

Employee Signature

*Intake of applications is September 30 each year – or February 1 for employees hired after
September 30. Please submit to Human Resources.*