Centre de services scolaire du Littoral
Québec

PROFESSIONAL IMPROVEMENT FORM

Should this request relate to training in relation to your professional improvement committee (union), please ensure that **Section 5 is completed**.

EMPLOYEE MUST:

- Fill out this form
- Attach all supporting documents
- Send by email to the immediate supevisor for signature
- Make sure to have all the required signatures
- Send it to formation@csdulittoral.qc.ca.

THE SUPERIOR MUST:

- Sign the form and return it to the employee

1. Identification of the person

Last name	First name
Category of employment	Service / School / Center
Email @csdulittoral.qc.ca	

2. Training information

Title		
Subjet		
Date beginning year month day	**Date ending** year month day	Location

With this training, you will be able to obtain a diploma from an institution that is recognized by the Ministry of Education. Please specify the degree and the expected date of completion.

Degree or certificate sought	Anticipated date of obtention

This training is in conjunction with your union. Make sure your professional development committee completes Section 5.

The professional development committee must sign your application ☐ Yes ☐ No

The reasons that motivate my request for professional development

- ☐ Improve my skills
- ☐ Complementary training in order to adapt to the evolutions of the concerned sector
- ☐ Enhancing academic qualifications
- ☐ Other, specify: _____

3. Estimated costs					
Registration fees					
Fee for required material					
3.1 Substitution for teaching:					
Half-day supply day $110.34					
Substitution for one day $220.64					
3.2 Travelling expenses					
Allowance for the use of a vehicle		km x	0,46	$ /km	**0,00 $**
Carpooling compensation		km x	0,66	$ /km	**0,00 $**
Expenses related to airfare					
Public transport expenses					
3.3 Accommodation expenses					
Lodging expenses		Night(s)			**0,00 $**
Non-commercial establishment		Night(s)	30,00		**0,00 $**
Meals		Breakfast	15,00		**0,00 $**
		Lunch(es)	25,00		**0,00 $**
		Supper(s)	30,00		**0,00 $**
	Total amount for expenses related to the activity				**0,00 $**

4. Signatures

- **For the request to be valid, the form must be signed by the immediate supervisior**
- **Any incomplete form will be returned to the employee**
- **Signatures in PDF format required**

Employee's signature

Immediate supervisior's signature

Comments from the immediate supervisior

5. Section to be completed by the professional improvement committee

Training accepted

Yes ☐ No ☐

Comments

Committee member's signature

Committee member's signature

Enregistrer **Imprimer**

Send completed form and required documents to the following address:
formation@csdulittoral.qc.ca