**Administrative Procedure 442**

## SUPPORT STAFF PROFESSIONAL DEVELOPMENT

**Background**

All staff members in the Division are to actively engage in professional learning opportunities which will enhance their ability to fulfill the Division’s mission and vision. Support for professional development is a shared responsibility between the staff and the Division.

The Assistant Superintendent, Employee Services, in consultation with Department Supervisors, Directors and principals will be responsible for the administration of this administrative procedure.

**Procedures**

1. Division Office staff, instructional support staff, maintenance staff, bus drivers and mechanics are encouraged to discuss their professional learning goals directly with their supervisor.
2. Supervisors are encouraged to support these learning plans to the greatest extent possible in accordance with prevailing collective agreements and approved budgets. Please refer to Appendix A.

Reference: Relevant Legislation & Guidelines

**Administrative Procedure 442**

**Appendix A**

## SUPPORT STAFF PROFESSIONAL DEVELOPMENT

**Application Form**

**Name of Administrator**:       **School/Department:**

**Professional Development Activity**:

**Location of Activity**:       **Date of Activity:**

|  |  |  |
| --- | --- | --- |
|  | **Projected Budget** | **Actual Costs** **(to be completed after attendance)** |
| Cost of Registration | **$** | **$** |
| Replacement staff costs | **$** | **$** |
| Travel | **$** | **$** |
| Hotel | **$** | **$** |
| Meals | **$** | **$** |
| Supplies/Resources | **$** | **$** |
| **TOTAL** | **$** | **$** |
| **Amount of funding provided by CUPE professional learning fund**  | **$**       |
| **Other sources of funding (Grant, etc..)** | **$**       |
| **Amount of additional funding requested from Supervisor approved budget** | **$**       |

**Please provide an explanation of how this above noted request will support the following:**

**IPGP:**

**School / Division Goals:**

**Programming:**

**Have you been directed by a Supervisor or member of the Exec Team to pursue this opportunity?**

**If so, by whom and why?**

**Signature**:

|  |
| --- |
| **OFFICE USE ONLY:** |
| Application Approved | **Yes** | **No** |
| Signature: Assistant Superintendent |

* ***A finalized copy of this form, showing “Actual Costs” must be submitted along with receipts, for reimbursement.***