



Professional Development Appeal Form

To be completed only if the CTA ProD Chair denies reimbursement of a Request for ProD funds application

Your Name: _____

School/Site: _____

Timelines:

1. Date of ProD Activity: _____

2. Date when ProD Request was made: _____

3. Date when ProD Request was denied: _____

Details:

4. What is the title or focus of the ProD activity/event that you will be attending? (Where possible, identify the organization hosting the event)

5. How does this activity/event support your professional growth?

6. Reasons stated by the CTA proD Chair for denial:

Members Signature: _____ Date: _____

Please forward completed application to: pdchair@chilliwackteachers.com