



ProD Activity Pre-Approval



Pre-Approval is not required for BCTF PSA, SD33 Conference and CTA TLC

At least four (4) weeks before attending activity, fill in and email to: pdchair@chilliwackteachers.com

Name: _____ School: _____

Email: _____ Activity: _____

Activity Location: _____ Activity Date*: _____

** If this is a regular work day for you, please include Educational Leave costs below*

Administrator Approval _____ (For ProD on regular working days or off site for self-directed)

Description of activity, website link, and how it relates to your current teaching assignment:

Projected expenses	Requested cost	Projected Expenses	Requested Cost
Registration		Transportation	
Accommodation		Meals/Mileage	
TTOC/Educational Leave	\$____ X ____ days	Other _____	

Projected total cost including registration, transportation, meals/mileage, TTOC*: _____

ProD Individual Fund Balance _____ (Can be confirmed with your School ProD Rep or CTA Office)

Use Your Remedy Funds? ___ Yes (Remedy balance can be confirmed at the CTA Office)

If you require more funds, please submit a CARE Application form available on the CTA website: chilliwackteachers.com. After submitting to the CTA Office you will receive a reference approval number.

AFTER attending activity fill in and submit completed Request for ProD Funds form to the CTA Office for reimbursement. Form and receipts can be scanned and emailed to: pdchair@chilliwackteachers.com.

ProD Chair Approval Initials _____ Email sent on _____ (Date)