Request for Professional Development
VEAES (Adult Ed)

Name: _____

Position: _____

Centre: _____

Title of Professional Development (or description if self-directed) and location:

Date of Professional Development: _____

Time of Professional Development: _____

Cost of Professional Development (if applicable): _____

Employee on Call Required: ◯ No ◯ Yes ***If yes, please indicate the number of hours**

ALCIN: _____ ALCINS: _____ ALCINC: _____ ALCIA: _____

Please indicate time EOC/IAOC is required

from _____ to _____

1. _____ _____
Employee Signature Date

2. _____ _____
Chairperson, Centre PD Committee Date

3. _____ _____
Principal Date