



# Yukon Teachers' Association - Professional Development PLANNER

Application for YTA PD Funding to support a Professional Development Event

When to send: At least 45 days in advance of the PD Event

Send to: Yukon Teachers' Association, PD Chair  
 2064 – 2<sup>nd</sup> Avenue, Whitehorse, YT Y1A 1A9  
 phone: 668-6777 or toll free 866-668-2097  
 fax: (867) 668-2037 email: [pd@yta.yk.ca](mailto:pd@yta.yk.ca)

*Members initiating a PD Event will be responsible for the organization of the event, the collection of registration fees, the distribution and collection of PD evaluation forms, and the submission of all approved event receipts within thirty days after the close of the function. For more information, contact the YTA office. (YTA Members' Handbook, 17.4.2)*

## Professional Development Event Information:

<b>Planner Submitted by:</b>	
<b>School:</b>	
<b>Work Phone:</b>	
<b>Email:</b>	
<b>PD Event Date(s):</b> (Include year)	
<b>Location:</b>	
<b>Title/Topic:</b>	
<b>Audience:</b> (For example - a whole school, only grade 5 teachers, etc.)	

<p><b>Objectives:</b></p>	
<p><b>Agenda:</b> (Start/end time, morning/afternoon session details, etc.)</p>	
<p><b>Resource Person:</b></p>	
<p><b>Resource Person Biography:</b> (You may attach a separate sheet instead of putting details here)</p>	
<p><b>Rationale for choosing this Resource Person:</b></p>	



## Participant Expenses:

- Each member must submit his/her own online PD application within the deadline.
- Each member must submit his/her own online PD expense claim form for reimbursement (if travel is involved).
- This page may be completed using the *Participant Expense Calculator*.

### Urban YTA Members:

#### Urban Teacher-On-Call costs:

# days of PD Event: \_\_\_\_\_ x # of members: \_\_\_\_\_ @ \$159.41 = \$ \_\_\_\_\_

### Rural YTA Members:

Community	# YTA Members	Mileage	Accommodation # nights @ \$110/night	# Breakfasts @ \$10.00 ea	# Lunches @ \$12.50 ea	# Dinners @ \$20.00 ea	Total \$
Beaver Creek*		\$ 338.92					
Carcross		\$ 51.80					
Carmacks		\$130.98					
Dawson City*		\$401.08					
D. Bay*		\$197.58					
Faro*		\$264.92					
Haines Junct.		\$117.66					
Mayo*		\$307.10					
Pelly		\$212.38					
Ross River*		\$305.62					
Teslin		\$133.94					
Watson Lake*		\$336.70					
Old Crow*		Airfare:					

**\* means the members from these communities are allowed paid travel time**

(Full day for a Friday or Monday in-service with the exception of Destruction Bay, and Faro who are allowed ½ day for a Friday PD Event, full day for a Monday PD Event)

#### Rural Teacher-On-Call Costs:

# days of PD Event \_\_\_\_\_ x # of members \_\_\_\_\_ @ \$159.41 = \$ \_\_\_\_\_

Extra travel time: \_\_\_\_\_ x # of members \_\_\_\_\_ @ \$159.41 = \$ \_\_\_\_\_

**PARTICIPANT EXPENSES TOTAL =**

## Resource Person Expenses:

### Return Airfare:

Departure Location:	
Travel Dates:	

**Projected Airfare Cost:** \$ \_\_\_\_\_

### Mileage:

Departure Location:	
Arrival Location:	
Number of km (return):	

**Mileage (\$0.37/km):** \$ \_\_\_\_\_

**Taxi/Transit/Airport Parking:** \$ \_\_\_\_\_  
(receipts required)

**Accommodation:** \$ \_\_\_\_\_  
(receipts required)

**Meals:** \$ \_\_\_\_\_  
(YTA per diem \$42.50)

**Fee:** \$ \_\_\_\_\_  
(invoice/receipt required):

**Other:** \$ \_\_\_\_\_  
(specify)

RESOURCE PERSON TOTAL =

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### Other Expenses:

- If you have other expenses, please attach a separate page with details.
- Receipts or invoices are required for all other expenses.
- Food costs are NOT covered by YTA PD.

OTHER EXPENSES TOTAL =

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### Cost Sharing Information:

- **Department of Education (DoE) Contribution:**

List the expenses that will be covered by the DoE:


The DoE has approved funding (please check)

**Proposed contribution of DoE to PD Event:** \$ \_\_\_\_\_

- **Host School Contribution:**

List the expenses that will be covered by the host school:


Host School Principal has approved funding (please check)

**Proposed contribution of host school to PD Event:** \$ \_\_\_\_\_

- **Other Contributions** (Please attach additional sheets if necessary):

Name of contributing organization:

\_\_\_\_\_

List the expenses that will be covered by this organization:


This organization has approved funding (please check)

**Proposed contribution of organization(s) to PD Event:** \$ \_\_\_\_\_

