

PROFESSIONAL IMPROVEMENT FORM

Should this request relate to training in relation to your professional improvement committee (union), please ensure that **Section 5 is completed**.

EMPLOYEE MUST:

- Fill out this form
- Attach all supporting documents
- Send by email to the immediate supervisor for signature
- Make sure to have all the required signatures
- Send it to formation@cssdulittoral.gouv.qc.ca.

THE SUPERIOR MUST:

- Sign the form and return it to the employee

1. Identification of the person

Last name	First name
Category of employment	Service / School / Center
Email	@cssdulittoral.gouv.qc.ca

2. Training information

Title		
Sujet		
Date beginning	Date ending	Location
year month day	year month day	
With this training, you will be able to obtain a diploma from an institution that is recognized by the Ministry of Education. Please specify the degree and the expected date of completion.		
Degree or certificate sought		Anticipated date of obtention
This training is in conjunction with your union. Make sure your professional development committee completes Section 5.		
The professional development committee must sign your application <input type="checkbox"/> Yes <input type="checkbox"/> No		
The reasons that motivate my request for professional development		
<input type="checkbox"/> Improve my skills		
<input type="checkbox"/> Complementary training in order to adapt to the evolutions of the concerned sector		
<input type="checkbox"/> Enhancing academic qualifications		
<input type="checkbox"/> Other, specify: _____		

3. Estimated costs			
Registration fees			
Fee for required material			
3.1 Substitution for teaching:			
Half-day supply day	\$133.80		
Substitution for one day	\$267.59		
3.2 Travelling expenses			
Allowance for the use of a vehicle	<input type="text"/>	km x	\$ /km
Carpooling compensation	<input type="text"/>	km x	\$ /km
Expenses related to airfare			
Public transport expenses / Car rental expenses			
3.3 Accommodation expenses			
Lodging expenses	<input type="text"/>	Night(s)	<input type="text"/>
Non-commercial establishment	<input type="text"/>	Night(s)	
Meals	<input type="text"/>	Breakfast	
	<input type="text"/>	Lunch(es)	
	<input type="text"/>	Supper(s)	
Total amount for expenses related to the activity			

4. Signatures	
<div>- For the request to be valid, the form must be signed by the immediate supervisor</div> <div>- Any incomplete form will be returned to the employee</div> <div>- Signatures in PDF format required</div>	
<div>_____</div> <div>Employee's signature</div>	<div>_____</div> <div>Immediate supervisor's signature</div>
<div>Comments from the immediate supervisor</div>	

5. Section to be completed by the professional improvement committee	
<div>Training accepted</div> <div>Yes No</div>	<div>Comments</div>
<div>_____</div> <div>Committee member's signature</div>	<div>_____</div> <div>Committee member's signature</div>