

**TEACHERS' PROFESSIONAL IMPROVEMENT COMMITTEE**  
**Request to Attend In-Service Activity**

1. Please submit this request to the Department of Human Resources after it has been signed by the designated authority and **include a copy of the programme and a copy of your schedule so that we may calculate substitution accurately** by email to [PIC\\_HR@rsb.qc.ca](mailto:PIC_HR@rsb.qc.ca) Applications must be received **20 working days ahead of the conference date.**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

SUBJECT TAUGHT: \_\_\_\_\_  Elementary  Secondary  Adult/Voc.Ed.

2. **ACTIVITY:**

Name of activity you wish to attend: \_\_\_\_\_

Dates required for attendance from: \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
Month / day/ year Month / day/ year

Duration: \_\_\_\_\_ hours. Location of Activity: \_\_\_\_\_

Substitute teacher required from: \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
Month / day/ year Month / day/ year

Reason for request: \_\_\_\_\_

3. List conferences attended in past 12 months for which PIC funds were used. NONE

4. **ESTIMATED EXPENSES:**

***PLEASE NOTE: You are allowed a MAXIMUM of 2 days substitution per school year which will be covered above the \$1000 in-service activity expenses. If you request more than 2 days of substitution that amount will be deducted from your \$1000 in-service activity before all other requested expenses***

Registration fee (*Membership fee not included*) \$ \_\_\_\_\_

Substitution costs \$ \_\_\_\_\_

**(please provide your schedule so we may calculate accurately)**

(adult ed & voc.ed \$78.71/per 60 minutes) & (youth sector \$60.04/per 60 minutes)

*Amount will be calculated based on number of minutes*

*(total minutes of tasks as per weekly workload).*

**A. Out-Of-Town Conferences**

Transportation \$ \_\_\_\_\_

Meals: \$15.00 Breakfast \$ \_\_\_\_\_

\$23.00 Lunch \$ \_\_\_\_\_

\$35.00 Dinner \$ \_\_\_\_\_

Hotel (\$180.00 per night if applicable) \$ \_\_\_\_\_

**B. Montreal Area Conferences**

\$ \_\_\_\_\_ (receipts required)

**\$100 maximum per day** (includes parking, food, transportation)

**TOTAL:** \$ \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

DESIGNATED AUTHORITY: \_\_\_\_\_