



OSTU School-Based Pro D Activity Application

2025/2026 School Year

Please scan & e-mail as a single document (Word/PDF) to pd67@bcctf.ca or drop-off claim package at the OSTU office (697 Martin St.)

The PD Committee accepts the following list of criteria for schools to access the School PD Fund allotment:

- Food for staff members at a school-based event on a PD day/other date, where the majority of OSTU staff members are in attendance.
- For food expenses for school-based funds must be the same as the criteria for individuals, with a maximum of \$24.14 for breakfast and \$23.29 for lunch, per person; and that a school may only claim for one or the other of those meals per person, for a given PD activity.
- Speakers: fees/gifts
- The purchase of teacher books to be added to the staff book collection.
- All other expenses can be submitted, and are subject to approval by the PD Committee.

Things to note:

- The school-based funds are used for all OSTU staff at that school and all staff must agree to spending that money. It is recommended that you bring forward your requests at a Staff Committee meeting to vote on.
- The school PD Rep administers the school-based funds.
- The School Based funds no longer has new money coming in due to a change in the funding structure in 2021.

Funding Source: ☐ **School Based Funds**

Date: _____ **Name:** _____ **School:** _____

Activity (include when and where):

School Balance: \$ _____

Workshop Fee \$ _____

Food: \$ _____

Resources \$ _____

In-lieu time for teachers \$ _____

Other: \$ _____

Banking Fees (e-transfer) \$ _____ 1.25 _____

Total Expense: \$ _____

Payable to: _____

School PD Rep Signature: _____

All reimbursements will be e-transferred via the information you provided to the OSTU.

If you have not yet provided your information, go to the e-transfer link on the OSTU webpage.

Allocation of Reimbursement OSTU Office Use Only

Total Expenses: \$ _____

Total Payable: \$ _____

Pay to: _____

E-transfer Fee: \$ 1.25

Billed to Pro D Account: \$ _____

Pro D Chair Initial: _____

Date: _____