# Cowichan Valley Teachers' Union

## Remedy Pre-Approval Application Form

**Email Form To:** [COWICHANDTA@SHAW.CA](mailto:COWICHANDTA@SHAW.CA)

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<table>
<thead>
<tr>
<th>Amount may be used for teaching resources/classroom supplies and/or professional development</th>
<th>Date: (mm/dd/yy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name: (Last, First)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home E-mail:</th>
<th>School/Site:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supplies Estimate: (please list supplies you wish to purchase)</th>
<th>Estimated Dollar Amount: $</th>
</tr>
</thead>
</table>

If requesting food/baking supplies, please provide a recipe.

## Professional Development

<table>
<thead>
<tr>
<th>Name of Event/Workshop (please do not abbreviate)</th>
<th>OR</th>
<th>Self Directed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Event Location:</th>
<th></th>
</tr>
</thead>
</table>

| Event Date (mm/dd/yy): |  |
| From | To |

**Teacher Teaching on Call Required**

- [ ] No – not required
- [ ] Yes, on ________________
- [ ] full day
- [ ] am
- [ ] pm
- [ ] No – non-enrolling

## Professional Development Estimate

**Registration Fee**

**Travel Costs:**

- [ ] Airfare
- [ ] Ferry
- [ ] Bus/Taxi/Parking/Highway Tolls
- [ ] Hotel

- [ ] Mileage (Fuel Grid on CVTU website)
- [ ] Meals: Breakfast $12 on ____________
- Lunch $14 on ____________
- Dinner $24 on ____________

**TOTAL ESTIMATE**
This page must be filled out for both supplies and/or pro-d.

Teaching and Curriculum: What area(s) of curriculum does your application pertain to?
________________________________________________________

How will this self-directed professional development and/or supplies request improve and impact student learning or your teaching?
_____________________________________________________________________________________________
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Have you:
✓ Completed this form in full?
✓ Submitted this form to the CVTU office for pre-approval?
✓ Made a photocopy of this application form?
✓ Completed the self-directed section if applicable?

You will be advised of your approval via email.

☐ Check this box if you agree that the resources you plan to purchase will be used 100% for teaching purposes. Failure to check this box could result in the denial of your request due to tax implications.

Signature of Applicant:___________________________

Approved by:______________________________