Complete & save on your computer under a different name, then attach to email.



SD71 Teacher Personal Professional Development Reimbursement Form



Name:	Date: Sch	ool:
	(Please print)	
•	uesting reimbursement in the amount of \$ ged to my personal pro-d account. (Workshop, materials, t	
Describe how this professional development will enhance or influence your teaching practice:		
<u>Mal</u>	ake my cheque reimbursement by:	
Ħ	I will pick up at CDTA office (phone #)
Ħ	School Inter-office mail School:	
Ħ	Please mail to my home address:	
Ħ	I.T./Computer Purchase (repaid through month end pa	ayroll – must sign below agreement box)
* The D	District assumes <u>no liability</u> for any device purchased with person	onal PD funds (this includes lost or stolen devices)
	District <u>will not provide any IT support</u> in the form of software, othermore, the IT department will <u>not connect personal devices</u> to	
	until a BYOD protocol is in place AND there is assurance securi	ty will not be compromised.
* PD fu	funds <u>may not be used</u> for any service plans (Zoom, Wi-Fi, license	es, iPhone/smart phone plans, warranty, etc.)
ı	I.T. / Computer Pro-D Funds Purchase Agreement	
	s spent on any I.T. computer or device will be deemed as a taxable	
1	and taxable at the appropriate rate as per the teacher's income. T kes, CPP & EI will be deducted and reimbursements will be on the k	•
	, acknowledge that I have re-	
a 7.25 %	% CPP & EI coverage deduction off my Pro-D I.T. /computer r	eimbursement through SD/1 payroll.
	— — — .	
Teacher Signature ** Please attach receipts		
Approval PD Chair		

Once form is completed, email to teacherprod@sd71.bc.ca with receipt copies.