

**RIVERVIEW SCHOOL DISTRICT NO. 407**  
**Staff Development Application Form**  
(to be used by CLASSIFIED STAFF ONLY)

Per Section 5.16.1 of the PSE Collective Bargaining Agreement, "Employees may be provided the opportunity to participate in staff development in accordance with District guidelines, including prior approval from the employee's supervisor. Each employee subject to this agreement so participating shall be compensated by stipend at the rate of one hundred dollars (\$100) per year during the life of this Agreement. This stipend shall be considered full and complete compensation for such voluntary participation. No other payment of wages or compensation as provided in this Agreement shall flow from Section 5.16.1. Employees may donate their unused stipends to other classified employees if applied for in writing by May 15<sup>th</sup>. All claims for a staff development stipend must be submitted no later than June 30. Said claims date (June 30) may be waived upon written approval of the Director of Business and Operations or his/her designee."

**Application Procedure:**

1. Obtain pre-approval of supervisor.
2. Take approved form with you to the class, workshop, etc. and have the presenter sign, date and complete the hours attended.
3. If you have paid out of pocket, you MUST submit original receipts (signed and dated). Reimbursement may not exceed the allotted stipend amount.
4. Submit completed form to **payroll**.

Employee Name: \_\_\_\_\_  
PRINT LEGIBLY

Work Location: \_\_\_\_\_

Title of Class/Workshop: \_\_\_\_\_

Description of class or workshop: \_\_\_\_\_  
\_\_\_\_\_

Location / Date / Time: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Cost: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature below will certify that the participant has completed \_\_\_\_\_ hours of the activity described above.*

Presenter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount claimed: \$ \_\_\_\_\_ Account Code: **10 E 530 0102 27 3000 000 0000 0000**

*I hereby certify under penalty of perjury that this a true and correct claim for necessary expense incurred by me and that no other payment has been received by me on account thereof. I further certify that the attached receipt is a true receipt in support of this claim.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_