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| NAME: DATE: / / |

***Please enter the date/s that you are interested in attending, the time, type and topic of the PD and get your Manager/Coordinator to sign***

***Professional Development occurring during your 1normal hours of work will not attract additional payment***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **PD Date****Date Month Year** | **Start time** | **End time** | **Type**Online/Face-to-face | **Topic/Title** |
| **Wed** |  |  | 2022 |  |  |  |  |
| **Thu** |  |  | 2022 |  |  |  |  |
| **Fri** |  |  | 2022 |  |  |  |  |
| **Mon** |  |  | 2022 |  |  |  |  |
| **Tue** |  |  | 2022 |  |  |  |  |
| **Wed** |  |  | 2022 |  |  |  |  |
| **Thu** |  |  | 2022 |  |  |  |  |
| **Fri** |  |  | 2022 |  |  |  |  |
| **Mon** |  |  | 2022 |  |  |  |  |
| **Tue** |  |  | 2022 |  |  |  |  |
| **Office Use Only** | **Total** |  | Cost/paid by: |

1 **Normal hours of work** – the hours for which you are receiving regular payment *(****Admin staff****=hours you are contracted to work,* ***Teachers****=the annualised hours; e.g. full-time = 8:30am to 4:36pm)*

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| **Office use only** Approved Not Approved Manager’s/Co-Ordinator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |

***Please note: Failure to produce a duly completed and authorised form prior to the date of the PD will mean you do not get paid for the PD***