



Application Consulting Activities – Professional Staff

Name of the Staff Member requested by an outside agency to deliver educational services:

\_\_\_\_\_

Name of the Requesting Agency:

\_\_\_\_\_

Billing Address to be used for SPD3 code for Requesting Agency:

\_\_\_\_\_

Date(s) Requested:

\_\_\_\_\_

General nature of the teaching being delivered:

\_\_\_\_\_

Tie to the Division’s Strategic Plans:

\_\_\_\_\_

Costs to be collected from the Requesting Agency:

Sub Costs:

\_\_\_\_\_

Other:

\_\_\_\_\_

Honoraria or other compensation to be provided to the staff member for deposit to his/her p.d. account:

\_\_\_\_\_

Signature of Requesting Staff Member

Date

Signatures of Approval:

Principal

Date

Superintendent/CEO or Designate

Date

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