



## **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