

Application Procedures

1. Use one form per training and development activity. The applicant is responsible for completing Parts 1-4 prior to sending the Training and Development Application to Human Resources. It is recommended that the application is completed at least one month prior to the activity.
2. Employees are encouraged to refer to the appropriate training and development guideline for more information: E.4.1 Staff Training and Development, E.4.2 Faculty Training and Development, E.4.3 Management Training and Development, and E.4.6 Excluded Training and Development.
3. Employees must receive confirmation from Human Resources of approval limits prior to registering. Employees are responsible for registration, cancellation (if required) and payment of tuition and expenses associated with the activity. Employees may request an accountable advance.

PART 1: APPLICANT INFORMATION

Full Name	Employment group	
Department/Faculty	<input type="checkbox"/> Faculty	<input type="checkbox"/> Excluded
	<input type="checkbox"/> AUPE	<input type="checkbox"/> Management

PART 2: ACTIVITY INFORMATION

Name of training or development activity Description of activity Click here to enter text. Dates of activity (include # of work days absent) Location Is the activity included in your Learning Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Professional development <input type="checkbox"/> Credit Course <input type="checkbox"/> Conference - Attending <input type="checkbox"/> Non Credit Course <input type="checkbox"/> Conference - Presenting <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Other Training <input type="checkbox"/> Training – College-directed <input type="checkbox"/> Training – Employee-requested Please provide budget code for training
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PART 3: ACTIVITY ESTIMATED COST

	Tuition/Registration fees:	\$
Ground travel expenses (mileage, college vehicle rental, parking, taxis, shuttles, etc.)		\$
Air travel expenses		\$
Accommodations		\$
Meals and incidentals		\$
Other costs (books, media, etc.)		\$
TOTAL ESTIMATED COST OF ACTIVITY		\$

PART 4: SIGNATURES, RETURN OF SERVICE AGREEMENT, AND APPROVAL

_____ APPLICANT SIGNATURE (Please read return of service agreement below)	_____ DATE
<p>IMPORTANT: Professional development and training requests require a one-year return of service agreement for every \$2,000 received. The return of service period begins upon successful completion of the approved activity. By signing above you agree to enter into a one-year return of service agreement for every \$2,000 approved. If you terminate employment with the College prior to the return of service being completed, the remaining amount will be prorated and shall be repaid to the College upon termination.</p>	
_____ SUPERVISOR SIGNATURE	_____ DATE
DECISION: <input type="checkbox"/> APPROVED PENDING AVAILABLE FUNDS <input type="checkbox"/> NOT APPROVED	
_____ DEAN/DIRECTOR/VP/PRESIDENT SIGNATURE	_____ DATE

PART 5: PD REVIEW COMMITTEE/HUMAN RESOURCE USE ONLY

Only applications for professional development over budget or out-of-province require review by PD Committee.		
Date reviewed	FUNDS REQUESTED \$	REQUESTING OVER BUDGET \$
PD Review Committee decision: <input type="checkbox"/> RECOMMEND FOR APPROVAL TO PRESIDENT <input type="checkbox"/> TABLED <input type="checkbox"/> DENY ACTIVITY		
_____ VICE PRESIDENT	_____ FACULTY REP/MANAGEMENT EMPLOYEE	_____ HUMAN RESOURCES
FINAL DECISION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
_____ PRESIDENT		

PART 6: HUMAN RESOURCE USE ONLY – FINAL APPROVAL AMOUNTS

TOTAL AMOUNT APPROVED		NOTES
BUDGET CODE		
_____ HR DIRECTOR, CONSULTANT OR DESIGNATE		_____ DATE