In-Service Professional Development (PD) Application Form
EVENTS & TUITION

EMPLOYEE INFORMATION

Name: _____ Employee ID # _____

Department : _____

Position Title: _____

A. EVENT (Conference/Workshop)

Name of Event: _____

Location of Event: _____

Start Date: _____ End Date: _____

Does this activity take place during regular scheduled work hours? Select

If YES, provide all specific dates you will be absent: _____

Will you be presenting at this event? Select

Do you require a replacement for this event? Select

If expenses are over your full PD allotment you are eligible to request 2 years of funding. Are you requesting 2 years of funding? Select

B. TUITION

Are you currently enrolled in an accredited program? _____

If YES, what is the program type? Certificate ◯ Diploma ◯ Degree ◯ Masters ◯ PhD ◯

Course Name(s): _____ Institution: _____

Start Date: _____ End Date: _____

Does this course take place during regular scheduled working hours? Select

If expenses are over your full PD allotment you are eligible to request 2 years of funding. Are you requesting 2 years of funding? Select

C. RATIONALE

How does this event or course contribute to your professional development?

D. ESTIMATED EXPENSES

Refer to the PD Allowable Expenses document for approvable expenses. Expenses must meet the guidelines for final reimbursement.

PER DIEM MEALS	Number of days	**TOTALS**
Breakfast ($10)		
Lunch ($15)		
Dinner ($25)		

ACCOMMODATION	Number of nights	Cost per night	TOTAL

TRAVEL	
By vehicle—number of km. @ .59 cents	
Airfare	
TOTAL	

OTHER TRAVEL EXPENSES	**DESCRIPTION**
Taxi, ferry, etc.	
TOTAL	

TUITION	
Course cost	
Texbook(s)	
TOTAL	

TOTAL ESTIMATED EXPENSES: $_____

NOTE: Please ensure to convert all foreign currency to Canadian dollars using the bank of Canada exchange rate.

Do you want to use Training & Development funds (if available to you) to cover any expenses over your PD allotment?

YES _____ NO _____

ADVANCE REQUESTED? (minimum $500) $ _____

If an advance is requested, please complete and submit the Advance Request Form and Agreement .

E. APPROVALS

APPLICANT

_____ _____

APPLICANT SIGNATURE DATE

- Application must be submitted and approved PRIOR to attending an activity or making a PD purchase
- Application must be complete, clear, legible and signed
- Applicant to meet and review with supervisor
- Applications must include all supporting documents related to request (brochures, course descriptions, membership details)
- It is the employee's responsibility to confirm funding availability with HR prior to incurring expenses
- Incomplete applications will not be processes and will be returned

SUPERVISOR

I confirm that I have discussed the comments above with the applicant. In my judgement, the requested activity:

MEETS the criteria for a satisfactory In-Service Professional Development application and is approved _____

DOES NOT MEEET the criteria for a satisfactory In-Service Professional Development application and is not approved _____

_____ _____

SUPERVISOR NAME (please print) SUPERVISOR TITLE

_____ _____

SUPERVISOR SIGNATURE DATE

F. JPDC PROCESSING (Do not complete—OFFICE USE ONLY)

_____ _____

IN-SERVICE PROFESSIONAL DEVELOPMENT ASSISTANT DATE

_____

PD APPLICATION NUMBER

WHERE TO SUBMIT: *Once complete, please submit your application in person to the Human Resources department at Building A288 or email it to in-service_pd@ufv.ca.*