



**PUBLIC SCHOOLS BRANCH AND CUPE LOCAL 3260
REQUEST FORM FOR PERSONAL/PROFESSIONAL
DEVELOPMENT ASSISTANCE UNDER ARTICLE 25.12
(g)**



Name: _____ Employee Number: _____

Address: _____

Work Location: _____ Present Position: _____

Describe the type of training/development you are planning to take:
(A photocopy of the workshop or training information must be included with this application).

Briefly describe how you feel this course/training will assist you in the performance of your present position and/or better prepare you for another position within the Branch:

Cost for the training/course: _____ Length of course: Days per week: _____

Start Date: _____ End Date: _____

Will you require time off to attend the training/course: Yes _____ No _____

Assistance requested (to a maximum of \$300) \$ _____

*At the end of the school year, should any monies remain in the fund, successful applications from that current school year can request to have the remainder of the cost of their training/course that was not funded paid back to them. Should funding not exist to warrant full reimbursement, remaining funding will be disbursed to those that request it on a pro-rata basis.

Days off with pay (maximum 3 days) _____ dates Days off without pay _____ dates

Form to be forwarded to the Director of Student Services of the Public Schools Branch and will be reviewed by your Labour Management Committee. A cheque will be payable to the Institution that is offering the training. If the employee has paid for the training then an original receipt for verification of payment must be provided for reimbursement.

Employee Signature

Office Use Only

Approved: _____
Date

Amount approved: \$ _____
Cheque #: _____
Days approved with pay: _____

