

## CUPE PROFESSIONAL DEVELOPMENT

### Course/Activity Request Form

Name: \_\_\_\_\_  
 Name of Course/Activity: \_\_\_\_\_  
 Date(s) of Course/Activity: \_\_\_\_\_  
 Time(s) of Course/Activity: \_\_\_\_\_  
 Location of Course/Activity: \_\_\_\_\_

*NOTE: Please state if this is a College of the Rockies course*

*NOTE: If applying for multiple courses, attach a separate page for each*

#### FUNDING AVAILABLE

Regular and Term CUPE members are eligible for up to \$2100, as well as up to \$1000 in Supplemental Funding for a combined total of \$3100 per person. Please refer to the Professional Development Terms of Reference, to see how much you qualify for.

Supplemental Funding is subject to available funds. Please see the Professional Development Terms of Reference for further detail.

#### PART 1 FUNDING REQUEST

Cost Breakdown Activity:

Registration: \$ \_\_\_\_\_  
 Tuition: \$ \_\_\_\_\_  
 Assigned Reference \$ \_\_\_\_\_

Travel (*attach approved Travel Form*) \$ \_\_\_\_\_

Less Funding from Other Sources: Department \$ \_\_\_\_\_

**Total Amount of Funds Required:** \$

#### PART 2 DIRECT PAYMENT FOR REGISTRATION *OPTIONAL*

A cheque can be sent directly to the organizer or institution.

Company Name (*cheque made payable to*) \_\_\_\_\_

Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GST \$ \_\_\_\_\_

PST \$ \_\_\_\_\_

**Total Amount of Funds Required:** \$

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**PART 3 RATIONALE**

Describe how the proposed activity/course will specifically add to your skills, knowledge, and/or competencies, and in turn, assist you in your current position or advancement within the post-secondary system.

*NOTE: If you require additional space, please attach a separate sheet.*

Will the proposed course/activity require you to be absent from work? If YES, please indicate when and how you propose to make up the time?

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**PART 4 APPLICANT SIGNATURE**

*I have read and understand the CUPE Professional Development Fund Terms of Reference and Procedures.*

**IMPORTANT NOTES:**

- 1. By signing this form, I agree to reimburse the College in full through payroll deduction or through my final pay, if I do not complete and/or fail the course or activity, or, if I resign from the College before the course or activity ends*
- 2. Upon completion of the Professional Development activity/course, copies of any certificates, transcripts, etc MUST be forwarded to Human Resources*

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PART 5 FOR COMPLETION BY IMMEDIATE SUPERVISOR**

RECOMMENDED \_\_\_\_\_  
NOT RECOMENDED \_\_\_\_\_

Please provide rationale:

Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_