



CUPE PROFESSIONAL DEVELOPMENT

Course/Activity Request Form

Name: _____

Address: _____

Job Title and Department: _____

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 \$5,100 per fiscal (April 1 to March 31) Employees generally pay up front for activities and then submit all receipts for reimbursement to Nicola Kaufman nkaufman@cotr.bc.ca. Please note that travel advances are available and if you cannot pay up front, please contact Nicola Kaufman to discuss alternative options.

PART 1 FUNDING REQUEST

Cost Breakdown Activity

Registration:	\$ _____
Tuition:	\$ _____
Textbooks etc.:	\$ _____
Travel (Attach Travel Request Form to HR for approval):	\$ _____
Less Funding from Other Sources (Department):	\$ _____
TOTAL AMOUNT OF FUNDS REQUIRED	\$ _____

PART 2 RATIONALE

Describe how the proposed activity/course will specifically add to your skills, knowledge, 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?

PART 3 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 the course or activity
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: _____

PART 4 FOR COMPLETION BY IMMEDIATE SUPERVISOR

RECOMMENDED
NOT RECOMMENDED

Please provide rationale:

Print Name: _____

Manager Signature: _____

Date: _____

Please forward this completed form to nkaufman@cotr.bc.ca for processing and approval from the PD Committee