

Parkland College	Category D	Personnel and Employee Relations
PROFESSIONAL DEVELOPMENT AND IN-SERVICE REIMBURSEMENT FORM	Policy #: OPR D-02.2	Approved: June 17, 2014

This form is to be completed to request reimbursement for costs of professional training or in-service. Please include official transcript of marks and receipts and forward to your Supervisor for approval. The Supervisor will review and authorize this form and forward to Human Resources for processing.

Section A: To be completed by Employee

In-Service Professional Development

Employee Name: _____ Date of Request: _____
Employee Job Title: _____ Date of Activity: _____
Name of Attended Activity: _____
How did this training benefit yourself and/or Parkland College: _____

Expenses to be Reimbursed: (Use Public Service Commission Rates)

Airfare:	\$ _____	Meals:	
Mileage:	\$ _____	Breakfast:	# _____ \$ _____
Car Rental:	\$ _____	Lunch:	# _____ \$ _____
Accommodation:	\$ _____	Dinner:	# _____ \$ _____
Registration/Tuition Fees:	\$ _____		
Other: (specify)	\$ _____		
Total Estimated Expenses:	\$ _____		

Amount of work time required: _____ hours days

Employee Signature: _____ Date: _____

Section B: To be completed by Supervisor

Approved Not Approved GL Code: _____

Rationale: _____

Supervisor Signaure: _____ Date: _____

Out-of-Scope Director Signature: _____ Date: _____

The following items are required for reimbursement:

Receipt(s)

Original Transcript or Validation of successful completion

Section C: To be completed by Human Resources

Date Entered into HRIS: _____

Date Form Submitted to Finance: _____ Signature: _____

Email completed form to: humanresources@parklandcollege.sk.ca

