

|   |                      |                                  |
|---|----------------------|----------------------------------|
| Parkland College  | Category D           | Personnel and Employee Relations |
| <b>PROFESSIONAL DEVELOPMENT AND IN-SERVICE REQUEST FORM</b> | Policy #: OPR D-02.1 | Approved: January 22, 2015       |

All employees who are requesting training or personal development must complete this form. Upon completion of the form, attach any additional information (registration confirmation, etc.) and send to your immediate supervisor for review. Supervisor will review, make recommendation on attending and forward to Director for approval. Director will forward to Human Resources for processing.

**Section A: To be completed by Employee**

|                                     |   |
|-------------------------------------|---|
| In-Service <input type="checkbox"/> | Professional Development <input type="checkbox"/> |
| Employee Name: _____                | Date of Request: _____                            |
| Employee Job Title: _____           |   |
| Name of Activity: _____             | Date(s) of Activity: _____                        |
| Location of Activity: _____         |   |
| Reason for Attending: _____         |   |

**Estimated Expenses: (Use Public Service Commission Rates)**

|  |                             |
|--|-----------------------------|
| Airfare: \$ _____  | Meals:                      |
| Mileage: \$ _____  | Breakfast: # _____ \$ _____ |
| Car Rental: \$ _____   | Lunch: # _____ \$ _____     |
| Accommodation: \$ _____  | Dinner: # _____ \$ _____    |
| Registration/Tuition Fees: \$ _____  |                             |
| Other: (specify) \$ _____  |                             |
| <b>Total Estimated Expenses:</b> \$ _____  |                             |
| Amount of work time required: _____ hours <input type="checkbox"/> days <input type="checkbox"/> |                             |
| Employee Signature: _____  | Date: _____                 |

**Section B: To be completed by Supervisor**

|   |  |  |
|---|--|--|
| Approved <input type="checkbox"/>                   | Not Approved <input type="checkbox"/>          | GL Code: _____   |
| Rationale: _____                                    |  |  |
| Supervisor Signature: _____                         | Date: _____                                    |  |
| Out-of-Scope Director Signature: _____              | Date: _____                                    |  |
| Funds Available: Yes <input type="checkbox"/>       | No <input type="checkbox"/>                    |  |
| <b>Eligibility Checklist:</b>                       |  |  |
| Inscope/Executive Employee <input type="checkbox"/> | Passed Probation <input type="checkbox"/>      | Training of Value to Parkland College <input type="checkbox"/> |
| Active Employee <input type="checkbox"/>            | Employed for one year <input type="checkbox"/> |  |

**Section C: To be completed by Human Resources**

|                   |                  |             |
|-------------------|------------------|-------------|
| Entered into HRIS | Signature: _____ | Date: _____ |
|-------------------|------------------|-------------|

Email completed form to: [humanresources@parklandcollege.sk.ca](mailto:humanresources@parklandcollege.sk.ca)