



UNIVERSITY OF BRITISH COLUMBIA
APPLICATION FOR BCGEU SUPPORT STAFF
PROFESSIONAL DEVELOPMENT FUNDING

Employee and Proposed Activity

Employee Name: _____ Position: _____

Faculty/Division/Dept.: _____ Employee #: _____

Title of Course/Activity (Please attach a copy of course description or brochure):

Dates of Activity: _____ No. of working days: _____

Supplier: _____

Please attach a separate letter, in detail, describing how this course/activity will enhance your knowledge and/or skills relevant to your current position or career development plan.

ATTACH COPIES OF DOCUMENTATION FOR COSTS BELOW (i.e. air flight print outs, receipts, course fee, etc.)

Table with 2 main columns: Employee Section: Funding Requested and Committee Section: Review and Approval. Includes rows for Course/Activity Fee, Books, Travel, Accommodation, Meals, Other, TOTAL REQUESTED (CDN\$), Cost of Replacement Staff, and Total Impact on Fund.

Employee Confirmation:

I confirm that the information provided in this application is correct. Should I choose not to participate in this activity, for any reason, I will advise the Committee in writing as soon as possible.

Employee Name: _____ Signature: _____

Approval of Leave:

Employee must clear leave time with supervisor if professional development course/activity is during normal working hours. Support Staff Professional Development Committee does not grant leave. Supervisor has right to refuse leave request for professional development if operations are negatively impacted by employees leave request.

Approval of Leave Name: _____ Approval of Leave Signature: _____

Committee Review/Approval:

Application Approved Date: _____
UBC O Rep.: _____ BCGEU Rep.: _____

Application NOT approved for following reason: Date: _____
o Employee is not eligible o PD funds not available
o More information required o Course/Activity does not meet PD guidelines
o Employee has exhausted individual entitlement