# LOGO1BWEmployee Educational Assistance Application Form

Please complete and collect signatures as required and return to:

**Organization Development at OrgDev@rrc.ca**

**Notre Dame Campus, FM28**

***PLEASE COMPLETE ELECTRONICALLY***

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| TO BE COMPLETED BY EMPLOYEEEmployee Information |
| Name       | Employee Number       |
| Department       | Job title       |
| Phone       | Email       |
| Your position type:[ ]  Instructional Staff [ ]  Non-Instructional Staff | If Instructional Staff, have you completed the Certificate in Adult Education (CAE)? [ ]  Yes [ ]  NoIf “No”, what is your anticipated CAE completion date?      (You are encouraged to detail this in your Learning Plan) |
| Present educational level completed (specify):       |
| **[ ]  I have read and understand the criteria for which I make this application, as stated in Schedule A of the Learning and Development Policy (H10).** [(Click here to review the policy and related schedules)](http://www.rrc.ca/index.php?pid=4523) |
| ***This Application is being made for:***[ ]  Undergraduate Degree Program, and/or[ ]  Master’s Degree Program, and/or [ ]  Doctorate Degree Program, and/or [ ]  Leave (see below) |
| **Leaves – specify type/category below:** [ ]  Category 1. Educational Leave on Employee’s Own Time [ ]  Category 2. Educational Leave with salary (during work hours) with or without Educational Assistance; less than 30 days [ ]  Category 3. Extended Leave; over 30 days, but not exceeding 12 months [ ]  Category 4. Return to Industry Leave  |
| **Note:** *Educational leave with salary, which totals thirty working days or more, will require completion of a Return of Service Agreement.* |
| **Include with ALL applications:**[ ]  A current professional resume[ ]  A completed [Learning Plan](https://teamsites.rrc.ca/departments/Information/Forms/Shared%20Documents/RRC%20Learning%20Plan%20for%20Employees%20-%20December%202019.docx) |

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| **TO BE COMPLETED BY EMPLOYEE****Program Information: (Please attach a copy of program outline or any supplemental information)** |
| Name of program/developmental opportunity:       |
| Institution/Employer/Group offering program:       |
| Location of institution/employer:       |
| Have you been accepted into the program?       |
| What is the expected completion timeframe of this program (month/year)?       |
| What is the expected total tuition cost for this program?       |
| Why do you want to take this program?       |
| How will it contribute to the work of your department and the College now and in the future?       |
| Have you received, or are you expecting to receive, bursaries/scholarships/funding from any sources external to RRC?      |
|  Other comments:       |
| **Applicant****Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| TO BE COMPLETED BY APPLICANT’S DIRECT SUPERVISOR (PLEASE NOTE THAT DEAN/DIRECTOR SIGNATURE IS ALSO REQUIRED AT END OF APPLICATION) |
| Supervisor: Please specify reason for employee’s application:[ ]  Program is a condition of employment [ ]  Program need was identified in performance appraisal Other (specify):       |
| List the advantages of the assistance and/or leave to the employee as well as to the College, i.e. how will acquired knowledge and skills enhance program effectiveness or assist the department?       |
| **Supervisor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| TO BE COMPLETED BY DEAN/DIRECTOR |

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| If Leave, total recommended Educational Leave at       % of salary  |
| Identify position to which employee will be returning:        |
| **Tuition** Recommendation (note: this is funded centrally through Educational Assistance)[ ]  Maximum allowable within policy ***OR***[ ]  Other recommendation – please specify:      **Books** Recommendation, if any (funded through Dean/Director) Amount:      **Travel** Recommendation, if any (funded through Dean/Director) Amount:      **RPL Assessment** Recommendation, if any (funded through Dean/Director) Amount:       |
| Has the applicant received previous department funding for this program, or area of study, to date?[ ]  Yes [ ]  No If yes, how much?       |
| **Dean/Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NOTE: Please Provide Dean/Director Budget Code where Books/Travel/RPL Assessment Funding Is Supported Dean/Director Budget Code:       |

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| **TO BE COMPLETED BY HUMAN RESOURCE SERVICES****Employee Information** |
| Length of service in department       Employee status        |
| Position classification       Employee classification       |
| Job title       Position number        |
| Current biweekly salary $      Effective as of        |
| **HR Services Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Review Committee** |
| [ ]  Committee informed; request documented [ ]  Committee decision: Approved[ ]  Committee decision: Approved with the following modifications:[ ]  Committee decision: Not approved (Explanation)  |
| **Signature of****Committee Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |