# 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  No  If “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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  | | --- | | TO BE COMPLETED BY DEAN/DIRECTOR | |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |