



University of Manitoba

STAFF DEVELOPMENT FORM

PROFESSIONAL DEVELOPMENT COURSES FOR ACADEMIC STAFF

PART A. PERSONAL INFORMATION (all information is required)

Name: _____ Employee #: _____ Phone #: _____
 Department: _____ Faculty/Unit: _____
 UM Email address: _____

PART B. COURSE INFORMATION

	Course Name	Start Date	End Date	Fees
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____

Institution: Extended Education CHERD CATL Other: _____

PART C. DEAN/DIRECTOR/HEAD OF ADMINISTRATIVE UNIT TO SIGN

I authorize the application.

Signature: _____ Date: _____

PART D. SIGNATURE

Declaration	I declare, for purposes of this staff development application, that:
	a) I am a full-time academic staff member of the University;
	b) I shall notify the Executive Director of Human Resources, forthwith, of any change affecting my eligibility for staff development reimbursement;
	c) I have reviewed and understand the eligibility requirements for staff development reimbursement (see "Eligibility Requirements - Academic);
d) The information provided in this application is accurate and correct.	

SIGNATURE: _____ Date: _____

OFFICE USE ONLY

PART E. VICE-PRESIDENT (ACADEMIC) & PROVOST TO SIGN

I authorize this application.

Signature: _____ Date: _____

PART F: COMPLETION BY LEARNING & ORGANIZATIONAL DEVELOPMENT

Date Received _____ Fiscal Year _____ # _____

Required Documentation	Approved	1) Yes	No	Amount	\$
Proof of Completion / Mark Statement		2) Yes	No	Amount	\$
Proof of Payment / Account Summary		3) Yes	No	Amount	\$

Comments: _____

Signature: _____ Date: _____

FOAP to be charged: 110000 – 520702 – 71010 - 1200 TOTAL REIMBURSEMENT: \$ _____