

When Departments pay for professional development for support staff

Complete this form when a department is paying fees associated with professional development courses or workshops for a support staff employee.

- Have the employee complete parts A & B.
- The Department completes part C.
- The Department Head or unit Manager signs Part D.
- Submit the form to Learning & Organizational Development prior to, or at the time of, the employee registering for the course or workshop.
- To be eligible for professional development reimbursement, the employee must meet the eligibility requirements listed in [Governing Documents Staff, section 2.2.1](#).
- Make a copy of this form for your records.
- Use a separate form for each request.
- Please scan this form and email to: Lynn.Bohonos@umanitoba.ca prior to, or at the time of, the employee registers for the course or workshop. You will receive a prompt reply as to the Department's eligibility for reimbursement. Please retain a copy of that reply for your records.

For information on the Reimbursement Procedures, please see [Governing Document Staff, section 2.2.3](#).

To receive reimbursement, you will need to submit the following after the employee successfully completes or attends the course or workshop.

- 1) Copy of official receipt from institution or provider
- 2) Copy of the Concur expense claim, or the EPIC order, or the departmental Visa order form or equivalent payment documentation.
- 3) A screen shot of the FAST Transaction Detail page relating to the expense
- 4) Proof of successful completion or attendance.

For questions or more information, please contact

Lynn Bohonos



PROFESSIONAL DEVELOPMENT REIMBURSEMENT FORM FOR SUPPORT STAFF

University
of Manitoba

PART A. EMPLOYEE INFORMATION

Name: _____ Employee #: _____
Department: _____ Faculty / Unit: _____
UM Email Address: _____

PART B. PROGRAM INFORMATION

1: Course Information

| | Course Name: | Start Date: | End Date: | Fee: |
|----|--------------|-------------|-----------|----------|
| 1. | _____ | _____ | _____ | \$ _____ |
| 2. | _____ | _____ | _____ | \$ _____ |

Name of Institution / Provider _____

2: Describe why you are taking this course/workshop and how it will apply to you professional development at the University of Manitoba:

3: Department Payment Information (MUST BE THE OPERATING FUND USED TO PAY FEES)

Department / Faculty / Unit: _____

FOAP: _____ -- _____ -- _____ -- _____

PART C: SIGNATURE OF DEAN / DIRECTOR / ONE-OVER-ONE

Title: _____ Print Name: _____

SIGNATURE _____ Date: _____

PART D. EMPLOYEE SIGNATURE

SIGNATURE _____ Date: _____

FOR COMPLETION BY LEARNING & ORGANIZATIONAL DEVELOPMENT

| Date Received | Fiscal Year: | # | Percent of Full Time | % |
|-----------------|--------------|-----------------------------|----------------------|--------------------------------|
| Approved | 1) Yes No | Eligible for reimbursement: | % | Max: \$ _____ Amount: \$ _____ |
| | 2) Yes No | Eligible for reimbursement: | % | Max: \$ _____ Amount: \$ _____ |

| | | |
|-------------------------------|--------------------------------------|------------------------------------|
| REQUIRED DOCUMENTATION | Proof of Completion / Mark Statement | Proof of Payment / Account Summary |
|-------------------------------|--------------------------------------|------------------------------------|

Comments: _____

Signature: _____ Date: _____

FOAP to be charged: 110000 – 520701 – 7101BGT– 1200 TOTAL REIMBURSEMENT: \$ _____