

Instructions for submitting your Application for Professional Development Reimbursement

- Complete this form if you are a support staff employee and applying for professional development fee reimbursement for fees you have paid.
- Submit this form prior to, or at the time of, registering for your course or workshop.
- Use a separate form for each request.
- To be eligible for professional development reimbursement, you must meet the eligibility requirements listed in [Governing Documents Staff, section 2.2.1](#).
- Fully describe how this professional development relates to your current or a future role at the University of Manitoba.
- Make a copy of this form for your records.
- Please scan this form and email to: Lynn.Bohonos@umanitoba.ca prior to, or at the time of, registering for your course or workshop. You will receive a prompt reply as to your 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](#).

For questions or more information, please contact

Lynn Bohonos



PROFESSIONAL DEVELOPMENT REIMBURSEMENT FORM FOR SUPPORT STAFF

University
of Manitoba

PART A. PERSONAL 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 your professional development at the University of Manitoba:

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 – 71010 – 1200 TOTAL REIMBURSEMENT: \$ _____