



Development and Training Fund Unionized Application Form



(Office use only)

Date received: _____

Name of Applicant: _____

Eligible: _____ Application # _____ Amount Requested: _____

STATUS:

Pending Approval Pending Payment Pending Proof of Comp Incomplete Revoked
Denied Withdrawn Not Eligible Lack of Funds Maximum Obtained Completed

Comments:

End Date: _____ Certificate/Mark n/a

Please refer to www.gov.pe.ca/psc/learn and click on Development and Training Fund or UPSE website www.peiupse.ca for more information on the fund guidelines.

Submit applications to the PEI Public Service Commission, 105 Rochford Street, 1st floor, Shaw Building, North Entrance.

Criteria

- Applications for funding must be submitted no earlier than 60 calendar days prior to the commencement of the learning opportunity and received at the Public Service Commission no later than 60 calendar days following the commencement of the learning opportunity.
- Applications may be submitted in excess of 60 calendar days prior to the commencement of the learning opportunity only if an early bird registration is offered.
- The start date of the learning opportunity must fall within the current fiscal year (April 1 to March 31).

Applicant's Responsibilities

- Applicants must apply for funding through their own department fund first, where available.
- Applicants must be paying union dues.
- Applications for each learning opportunity must be submitted by second Tuesday of the month.
- Invoices or receipts must be received at the Public Service Commission no later than 60 calendar days following the commencement of the learning opportunity.

PLEASE NOTE: All applications, invoices or receipts must be received at the Public Service Commission no later than March 31st of the current fiscal year, without exception.

PLEASE ENSURE YOUR APPLICATION IS COMPLETED IN ALL SECTIONS

| | |
|-----------------------|---------------------|
| Employee Name: | Employee ID: |
| Business Email: | Business Telephone: |
| Home Mailing Address: | |
| Department: | |
| Position Title: | |

Please provide the following information:

1) Have you secured funding from additional source? Please specify source and amount of funding:

- Department \$ _____
- Division \$ _____
- Other, specify \$ _____

2) Are you currently on leave of absence? Yes No

If you answered **YES** to this question, please explain:

3) Is this opportunity initiated by the Employee or Employer

If you answered **Employer** to this question, please explain:

4) Is this learning opportunity during the hours of Business or Personal

If you answered **Business** to this question, please obtain your supervisor's signature.

Signature of Supervisor

Learning Opportunity Title:

Learning Institution/Conference:

Contact Name and Number:

Start Date:

End Date:

Outline the personal and/or professional goals that this learning opportunity will satisfy and how it will provide an opportunity for growth:

Amount of funding requested: (Please provide breakdown of cost)

Pretax Amount: _____

Taxes: _____

Total Amount: _____

Checklist

- Apply for departmental funding (where applicable)
- Attach copy of funding from additional source (where applicable)
- Attach official description/background information for the learning opportunity including the URL or official conference brochure
- Attach official confirmation of cost
- Attach proof of registration (where applicable)
- Obtain supervisor's signature (if during business hours)

Signature of Applicant

Date

Note: Any collection, use or disclosure of personal information must be in accordance with the *Freedom and Protection of Privacy Act*.