



**APPLICATION FOR ASSISTANCE
STAFF TRAINING & DEVELOPMENT FUND**

EE File

Program Information

Assistance from the Staff Training & Development Fund is available for eligible Support Staff. Questions regarding staff training and development or this form can be directed toward Trina Wielkopolan, Human Resources Executive Assistant at tr.wielkopolan@uwinnipeg.ca. This form is to be completed and signed before submission to Human Resources.

A description of the program and any other pertinent information must be attached to this application to allow for HR in approving the application.

Reimbursement is 60% of registration fees that exceed \$50, to a maximum of \$500.

The applicant will be registered by Human Resources upon approval of the application unless directed otherwise by Human Resources. If registration fee is paid by department, a copy of the paid invoice is required.

Employee Name: _____ Group: AESES / IUOE / CMP
Department: _____
Dept. Account #: _____

Seminar / Webinar / Workshop / Conference / Non-Credit Course
(Conference travel and accommodation costs are not eligible for reimbursement)

Title: _____ Course # (PACE only): _____
Offered by: _____
Date(s): _____ Registration Fee (incl. tax): \$ _____

Signature and Approval

I agree to complete a written evaluation of the program named above in order for my department to receive a partial reimbursement of the registration fee. Human Resources will provide the evaluation form upon program completion.

Signature of Employee Date

I agree that this employee's attendance at the program named above would be beneficial to the department and/or the University, and certify that there are sufficient funds in the departmental account indicated above to cover the balance of the registration fee and any other associated costs.

Signature of Dean or Excluded Administrator Date

For Human Resources Use Only

HR Approval: _____ Date: _____
Date Registered by HR: _____ Date Invoice Paid: _____
Registered by Department Copy of Invoice
Evaluation Form Sent: _____ Evaluation Form Returned: _____
PACE = 80%: \$ _____ Reimbursement Amount: \$ _____ Date: _____