

Continuous Learning Request Form

Instructions: Employee to complete Section 1 and 2 and forward to their immediate supervisor. Supervisors are to sign Leave Approval (page 2) and forward form to the appropriate Manager/Chair/Dean/Director of their Division for budgetary approval. Direct any questions to (709) 643-7706.

Section 1 (Learning Plan)

Name (Print): _____ Employee #: _____

Title: _____ Work Location: _____ Tel. Number: _____

Employment Status 1 (select one): Permanent Temporary

Employment Status 2 (select one): Full-time Part-time Other

Immediate Supervisor: _____ Functional Manager: _____

Is this an Employee or Employer Initiated activity: Employee Employer

Has a Continuous Learning Plan been developed and reviewed by supervisor/manager? Yes No

Is this Continuous Learning Activity in the scope of your Continuous Learning Plan? Yes No

(If you answer no to either question: it is suggested to either develop or update your Continuous Learning Plan and have it reviewed before a request will be considered)

Briefly describe the activity you wish to participate in and how it relates to the achievement of your stated continuous learning goals (attach details if additional space required):

Start/End Dates: _____ Location: _____

Will this activity lead to certification? Yes No

Is it part of a broader program that will lead to certification? Yes No

What type?

Academic:

Certificate Diploma Degree Post-Graduate Certificate

Post-Graduate Diploma Post-Graduate Degree Other _____

Continued Professional Association Registration / Membership

Participatory Certificate Other _____

Employment Specific Accreditation:

Certificate Diploma Degree Participatory Other _____

Other:

Train the Trainer Certification Participatory Other _____

Section 2 (Support)

Do You Require Financial Support to participate in this activity? Yes No Amount: _____

Budget Breakdown (Be Specific):

Direct Activity Cost:

Activity Fee / Tuition: _____

Material Fee: _____

License Fee: _____

Exam Fee: _____

Assessment Fee: _____

Association Fee: _____

Registration Fee: _____

Other: _____

Travel Cost:

Transportation: _____

Local Transportation: _____

Accommodations: _____

Meals/Incidentals: _____

Other: _____

Note: Travel costs must be in compliance with College policy. Do not list any travel costs that are already included in registration fees. Unless deemed mandatory, social event fees will not be considered.

Does this activity require non-monetary support? Yes No

Paid Leave # of Days: _____ Unpaid Leave # of Days: _____

If paid time off is required, has an application for Employee Development Leave also been submitted?

Yes No

Other non-monetary support:

College Equipment resources: Specify: _____

Mentorship Job Shadowing Other _____

Name (Please Print): Employee

Signature: Employee

Date:

Name (Please Print): Supervisor

Signature: Supervisor

Date:

Office Use Only	Financial Approval: Approved: _____ Denied: _____ Account Code: _____ Manager/Dean/Director (Print): _____ Signature: _____ Date: _____
	Approval Notification: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager/Dean/Dir. <input type="checkbox"/> Reg. HR Office