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 Division of Human Resources (709) 643-7705.

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:  Travel Cost:
Activity Fee / Tuition: __________  Transportation: __________
Material Fee: __________  Local Transportation: __________
License Fee: __________  Accommodations: __________
Exam Fee: __________  Meals/Incidentals: __________
Assessment Fee: __________  Other: __________
Association Fee: __________
Registration Fee: __________

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:

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Approval Notification: □ Employee  □ Supervisor  □ Manager/Dean/Dir.  □ Reg. HR Office