**FACULTY OF EDUCATION**

**STAFF PROFESSIONAL DEVELOPMENT TOP-UP FUND (SPDTF)**

**REQUEST FORM**

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| **Employee Name:** | |  | | | **Dept/Unit:** |  |
| **Employee ID:** |  | | **Work Email:** |  | **Work Phone:** |  |
| **Employment Group:** | | | **CUPE2950  M&P  Non Union TRA** | | | |

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| **Funding Guidelines & Procedures:**   * One must have an active staff appointment with the Faculty of Education at the time the PD activity starts. * One must have exhausted his/her eligible PD funding provided by the University through their employment groups (JSTP for CUPE 2950 for instance). **A copy of the submitted claim form is required**. * The maximum of SPDTF is $500 CDN per person per fiscal year (April – March). Part-time employees’ entitlement will be pro-rated based on their FTEs. * Requests are evaluated on a case-by-case basis subject to the relevance of the PD activity with the current position. Proof of payment/registration is required. * A completed form **with proof of payment/registration** should be submitted to the Dean’s Office (c/o Senior Manager, Faculty Affairs & HR) for approval. |

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| **Please confirm that you’ve maximized the University-provided PD funds.**  (Please refer to University-wide PD guidelines at <http://www.hr.ubc.ca/learning-development/funding/>.) | **Yes** (Please attached a copy of the submitted PD Claim Form.) |

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| **Have you received the SPDTF in this fiscal year (April 1)? If yes, how much was approved?** | **Yes and $**  **No** |

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| **PD Activity Description:** (*Please provide a description of your professional development activity and briefly explain how the activity will enhance the knowledge, performance or career progression of your work at UBC).* | | | | |
|  | | | | |
| **PD Activity Start Date** | **PD Activity End Date** | **Provider** | **Total Cost (CDN$)** | **Claim Amount (CND$)** |
| Click here to enter a date. | Click here to enter a date. |  |  |  |
| Click here to enter a date. | Click here to enter a date. |  |  |  |
| **Total Requested:**  (up to $500 CND per person per fiscal year) | | | |  |
| **Proof of Payment/Registration Requirements:**   * Original only * Proof of Payment means receipt or statement of account showing zero balance; * Proof of Registration needs to show name, name of course/event/workshop/etc. and dates. | | | | |

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| **Administrative Manager/Supervisor Approval:** | | | |
| **Name:** |  | **Signature:** |  |
| **Title:** |  | **Date:** |  |
| *Submit this form with all required backup documents to the Dean’s Office (c/o Sr. Manger, Faculty Affairs & HR).* | | | |
| **Dean’s Office Approval:** | | | |
| **Name:** |  | **Signature:** |  |
| **Title:** |  | **Date:** |  |