

APPENDIX A

APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE

To be completed by applicant:

1. Name	
2. Seniority Date (if applicable)	
3. Present Position and Department	
4. Previous Position in College	
5. Relevant Education or Training	
6. Professional Development Leave Program Information:	
a. Expected Start Date:	
b. Expected Completion Date:	
c. Location of Professional Development Leave Program:	
Institution	
Address	
Will you receive any type of remuneration, grants, or other monies from other sources during the course of the Professional Development Leave?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, indicate source and amount:	
d. A detailed description of the Professional Development Leave Proposal, including specific skills, competencies, or knowledge you will acquire as a result of the program and the link these have to your position at the College, <u>must</u> be attached to the application.	

1. **Agreement**

I agree to the following terms and conditions should my application for Professional Development Leave be approved:

- a. I shall obtain approval from the College prior to entering into any employee-employer relationship with any other party.
- b. I shall report to the College any salary, grants, allowances, or other forms of remuneration which I will receive from other sources.
- c. Should my Professional Development Leave program be interrupted for any reason, I shall immediately notify the College.
- d. I shall return to the College, upon termination of the approved Professional Development Leave, for a period of at least one year, or I shall repay the College all salaries and fringe benefits received while on Professional Development Leave in accordance with this policy.
- e. Every four months, I shall submit to my supervisor a progress report relating to the objectives stated on the application form. The College reserves the right to cancel my Professional Development Leave should the progress reports not be submitted within these time frames.
- f. Within one month of my return to the College, I shall submit a complete report to my supervisor. The report will detail my activities and how my Professional Development Leave will enhance my ability.

I hereby agree to the terms of this Professional Development Leave Application.

Signature

Date

APPENDIX A

Supervisors' Review of Professional Development Leave Application:

Supervisor:	
Applicant:	
Date Application Received:	
Subject Area(s) of Expertise of Applicant:	
Do you support this request?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons:	

Supervisor Signature

Date

Vice President's Approval

☐

Approved

☐

Not Approved

VP Signature

Date