

TRAINING AND DEVELOPMENT

APPLICATION, REGISTRATION AND REIMBURSEMENT

Please complete this form for all training/development activities of one half day or more.

PART 1 – APPLICANT

EMPLOYEE ID	EMPLOYEE LAST NAME – PLEASE PRINT NAME	FIRST NAME AND INITIAL	E-MAIL ADDRESS		
MINISTRY/BRANCH NAME		WORK LOCATION ADDRESS – Include postal code		WORK PHONE NO. ()	
				WORK FAX NO. ()	
JOB TITLE/CLASSIFICATION	EMPLOYEE CLASS			APPOINTMENT STATUS	
	<input type="checkbox"/> BCGEU <input type="checkbox"/> PEA <input type="checkbox"/> NURSES <input type="checkbox"/> CUPE <input type="checkbox"/> OTHER, specify: <input type="checkbox"/> MGMT. EXCL. <input type="checkbox"/> SCHEDULE A <input type="checkbox"/> SAL. PHYSICIANS <input type="checkbox"/> OIC			<input type="checkbox"/> REGULAR <input type="checkbox"/> AUXILIARY	
NAME OF INSTITUTION/ORGANIZATION PROVIDING TRAINING		DOES EMPLOYEE REQUIRE ADAPTATIONS/ADJUSTMENTS TO TRAINING ENVIRONMENT TO ACCOMMODATE A DISABILITY?		ADMINISTRATION	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please advise facilitator of needs.</i>		<input type="checkbox"/> INTERNAL (Administered within government) <input type="checkbox"/> EXTERNAL (Provided by external vendor outside of government)	
TRAINING/DEVELOPMENT COURSE TITLE – Attach outline/brochure (If applicable)	COURSE CODE	SESSION NO.	DEGREE/DIPLOMA/CERTIFICATE PROGRAM NAME (If applicable)	TRAINING LOCATION – CITY	
TRAINING START DATE YYYY/MM/DD	TRAINING END DATE YYYY/MM/DD	TRAINING SESSION TIME FROM TO	NUMBER OF WORK HOURS ABSENT	NUMBER OF DAYS ABSENT	NUMBER OF INSTRUCTION HOURS
I AM ALSO APPLYING FOR:		METHOD OF PAYMENT		EXPENSE TYPE	
<input type="checkbox"/> LEAVE – ARTICLE/SECTION NO. _____ <input type="checkbox"/> FINANCIAL SUPPORT		<input type="checkbox"/> CORPORATE CREDIT CARD (for external training only, transaction copy attached) <input type="checkbox"/> INVOICE ATTACHED (to be paid by employer) <input type="checkbox"/> ELECTRONIC JOURNAL VOUCHER (for intra-ministry training only) <input type="checkbox"/> EMPLOYEE TO BE REIMBURSED (receipts to follow)		COSTS (must complete) Course Cost Books Travel and Related Expenses (Travel Voucher must be completed) TOTAL	
PRIMARY TRAINING/DEVELOPMENT REASON					
<input checked="" type="checkbox"/> ONE REASON ONLY <input type="checkbox"/> MD – Organizational Development <input type="checkbox"/> DV – Employee Development <input type="checkbox"/> JR – Job Related <input type="checkbox"/> CM – Legal/Regulatory Requirement OR Certification					

EMPLOYEE SIGNATURE	DATE SIGNED YYYY MM DD
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PART 2 – APPROVALS / RECOMMENDATIONS (Refer to corporate and ministry policy for reimbursement guidelines)

I have discussed this application with the applicant:

<input type="checkbox"/> TRAINING REQUEST APPROVED <input type="checkbox"/> REIMBURSEMENT RECOMMENDED (If applicable) TOTAL: \$ _____ COURSE COST _____ BOOKS _____ TRAVEL _____ <input type="checkbox"/> REQUEST NOT APPROVED AT THIS TIME FOR THE FOLLOWING REASON:	<input type="checkbox"/> LEAVE NOT REQUIRED <input type="checkbox"/> LEAVE WITH PAY APPROVED AT _____ % <input type="checkbox"/> LEAVE WITH PAY NOT APPROVED <input type="checkbox"/> EDUCATION LEAVE WITHOUT PAY APPROVED	Indicate whether DIRECTLY or GENERALLY related to current duties: <input type="checkbox"/> DIRECTLY RELATED <input type="checkbox"/> GENERALLY RELATED
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MANAGER/DESIGNATED SUPERVISOR AUTHORITY SIGNATURE	PRINT NAME	DATE SIGNED YYYY MM DD
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Expense Authority approval and financial coding are ONLY required for training and development that requires payment

CLIENT	RESP. CENTRE (Exp. Org.)	SERVICE LINE (Task)	STOB (Exp. Type)	PROJECT NO. (If Applicable)	SUPPLIER NO.	INVOICE/REIMBURSEMENT AMOUNT APPROVED
						\$
EXPENSE AUTHORITY SIGNATURE					PRINT NAME	DATE SIGNED YYYY MM DD
CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT: AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICE RENDERED AND/OR OTHER CONDITIONS MET.						

PART 3 – OTHER DESIGNATED AUTHORITY (If required)

SIGNATURE (e.g., Training Advisors, Ministry Occupational Safety and Health Contact, etc.)	PRINT NAME	DATE SIGNED YYYY MM DD
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PART 4 – CHIPS DATA ENTRY: TRAINING ADMINISTRATION & LEAVE (If required)

<input type="checkbox"/> CERTIFICATION RECEIVED? YYYY MM DD	<input type="checkbox"/> RECERTIFICATION REQUIRED? YYYY MM DD	DATE TRAINING ENTERED INTO CHIPS YYYY MM DD	INITIALS	DATE LEAVE ENTERED INTO CHIPS YYYY MM DD	INITIALS – LEAVE RECORDER
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TRAINING AND DEVELOPMENT APPLICATION, REGISTRATION AND REIMBURSEMENT

Complete this application for any **internal or external training and development activities of one-half day or more**. This includes employee initiated and employer supported requests for training, development or educational programs, seminars, courses, workshops and conferences, during or outside normal working hours. **Refer to corporate and ministry training and development policies and guidelines for complete details.**

Please note: If your ministry has identified that preference will be given to employees from specific equity groups for selected courses or developmental activities, attach a covering memo which identifies whether you are aboriginal, visible minority, a person with a disability or female.

PART 1 – APPLICANT

1. Complete Part 1 in full.
2. Indicate Primary Training Reason:
 - MD – Organizational Development* – Training/development which includes the entire work unit or ministry, to improve the operational effectiveness of that specific group or organization.
 - DV – Employee Development* – Professional, educational and career development that is generally related to the employee's current job duties and is expected to enhance a person's ability to function on the job.
 - JR – Job Related* – Training/development identified through corporate and ministry strategic priorities, performance and business planning processes to enhance the employee's knowledge/skills/abilities to perform the current job.
 - CM - Legal/Regulatory Requirement or Certification* - Essential training/development where there is a legislated responsibility to meet specific certification standards and provide regulatory services.
3. Forward a signed, hard copy to your supervisor for approval and completion of Part 2.
4. Spending Authority approval is required for payments and/or reimbursement of expenses for all external training and for any internal training that requires payment.
5. Obtain "*Other Designated Authority Signature*" (Part 3) for some specific programs or if required by ministry. (e.g. Ministry Occupational Safety and Health (OSH) contact must sign all OSH committee training requests.)
6. Upon approval, employee or designate registers as directed in the outline/brochure for the training/development.
7. Where appropriate forward a copy of the approved application to the branch administrator to commit funds.
8. Retain the original application until training/development is completed.

Once training/development is completed:

1. Confirm "*Costs*" section upon completion of training/development and indicate method of payment.
2. Attach original receipts or invoices to the ORIGINAL application for payment processing.
3. Attach proof of completion, certification/license or statement of grades to all reimbursement requests.
4. Forward a photocopy of the application (attach proof of completion, certification/license or statement of grades) to the designated ministry Training Administrator and Leave Administrator (if applicable) for entry into CHIPS.
5. Retain a photocopy of the original application for record keeping purposes.
6. Submit a travel voucher (if applicable) with original receipts for reimbursement of pre-approved, related travel expenses.
7. Complete a Training and Development Evaluation form where required by ministry Training and Development Policy.

PART 2 – APPROVALS

1. Supervisor and Spending Authority completes Part 2, as required.
2. Supervisor signs and forwards application to Spending Authority for approval, where appropriate.
3. Upon supervisor approval, Spending Authority indicates approval and commits funds.
4. Spending Authority or designate processes payment/reimbursement of expenses.

PART 3 – OTHER DESIGNATED AUTHORITY (If required)

1. Refer to the training/development outline or ministry policy for program pre-requisites and approval guidelines.
2. Forward the approved application according to the registration instructions or return to employee.

PART 4 – CHIPS DATA ENTRY: TRAINING ADMINISTRATION & LEAVE (If applicable)

1. Record the employee attendance, training reason, certification (if applicable) and **course cost** in the CHIPS Administer Training Module. Refer to the Web-based Learning Assistant (WLA) at <https://icw.eview.gov.bc.ca/chips/training/training.htm> for complete data entry instructions.
2. Training Administrator initials and records the date entered in CHIPS and files the application on the employee's personnel file, (ARCS 1385-20).
3. If required, (e.g., professional development leave as outlined in collective agreements) forward to Leave Administrator.
4. Leave Administrator selects and records the appropriate leave code in CHIPS, initials and records the date entered in CHIPS, and files the application as required.

Freedom of Information and Protection of Privacy Act

The information collected on this form is required to process your application for training and development. If you have any questions about the collection of this information, contact your training or personnel office. This form is in compliance with the *Freedom of Information and Protection of Privacy Act*.

Additional information and copies of this form are available on the internet: employee.gov.bc.ca