



Development and Training Fund

(Office use only)

Date received: _____

Name of Applicant: _____

Eligible: _____ Application # _____ Amount Requested: _____

Approved Denied Withdrawn Not Eligible Lack of Funds

Comments: _____ End Date: _____

Excluded Application Form

Please refer to <http://iis.peigov/> and click on Public Service Commission link, then under Learning, click on Excluded Development and Training Fund. Submit applications to the PEI Public Service Commission, PO Box 2000, 1st floor, Shaw Building, North Entrance.

Criteria

- Applications for funding must be submitted no earlier than 60 days prior to the commencement of the learning opportunity and no later than 60 days following the commencement of the learning opportunity within the current fiscal year.
- Applications may be submitted in excess of 60 days prior to the commencement of the learning opportunity only if an early bird registration is offered.
- The start date of the learning opportunity must fall within the current fiscal year (April 1 to March 31).

Applicant's Responsibilities:

- Applicants must apply for funding through their own department fund first, where available.
- Applications must be submitted by the second Wednesday of each month.
- A separate application must be submitted for each learning opportunity.
- Invoices or receipts must be submitted no later than 60 days following the commencement of the learning opportunity.

PLEASE NOTE: All applications, invoices or receipts must be received by March 31 of the current fiscal year, without exception.

PLEASE PRINT (*all fields must be completed*)

Employee Name:	Employee ID:
Business Email:	Business Telephone:
Home Mailing Address:	
Department:	
Position Title:	

Please provide the following information:

1) Have you secured additional funding from another source? Please specify including the amount of funding:

- Department \$ _____
- Division \$ _____
- Other, specify \$ _____

2) Is this learning opportunity Employee or Employer initiated?

If you answered "**Employer**" to this question, please explain:

3) Is this learning opportunity during Business or Personal hours?

If you answered "**Business**" to this question, please obtain your supervisor's signature.

Signature of Supervisor

Course/Conference Title:

Learning Institution/Conference Sponsor:

Contact Name and Number:

Start Date:

End Date:

Outline the personal and/or professional goals that this learning opportunity will satisfy and how it will provide an opportunity for growth:

Amount of funding requested: (Please provide breakdown of cost)

Pretax Amount: _____

Taxes: _____

Total Amount: _____

Please Ensure Your Application Is Complete (All Sections)

- Apply for departmental funding (where available)
- Attach copy of funding from additional source (where available)
- Attach official description/background information for the learning opportunity including the URL or official conference brochure
- Attach official confirmation of cost
- Attach proof of registration (where available)
- Obtain supervisor's signature (if during business hours)

Signature of Applicant

Date

Note: Any collection, use or disclosure of personal information must be in accordance with the *Freedom and Protection of Privacy Act*.