



# Development and Training Fund Unionized Application Form



**(Office use only)** Date received: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Eligible: \_\_\_\_\_ Application # \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**STATUS:**  
 Pending Approval  Pending Payment  Pending Proof of Comp  Incomplete  Revoked   
 Denied  Withdrawn  Not Eligible  Lack of Funds  Maximum Obtained  Completed

**Comments:**

End Date: \_\_\_\_\_  Certificate/Mark  n/a

Please refer to <https://psc.gpei.ca/funding-for-training> for complete guidelines.  
 Submit applications to [developmentandtrainingfund@gov.pe.ca](mailto:developmentandtrainingfund@gov.pe.ca) or to the PEI Public Service Commission, 105 Rochford Street, Shaw Building, North Entrance.

### Criteria

- Applications for funding must be submitted no earlier than 60 calendar days prior to the commencement of the learning opportunity and received at the Public Service Commission no later than 60 calendar days following the commencement of the learning opportunity.
- Applications may be submitted in excess of 60 calendar 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.
- Applicants must be paying union dues.
- Applications for each learning opportunity must be submitted by second Tuesday of the month.
- Invoices or receipts must be received at the Public Service Commission no later than 60 calendar days following the commencement of the learning opportunity.

**PLEASE NOTE: All applications, invoices or receipts must be received at the Public Service Commission no later than March 31<sup>st</sup> of the current fiscal year, without exception.**

### PLEASE ENSURE YOUR APPLICATION IS COMPLETED IN ALL SECTIONS

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

**Please provide the following information:**

1) Have you secured funding from additional source? Please specify source and amount of funding:

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

2) Are you currently on leave of absence? Yes  No

If you answered **YES** to this question, please explain:

\_\_\_\_\_

3) Is this opportunity initiated by the Employee  or Employer

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

\_\_\_\_\_

4) Is this learning opportunity during the hours of Business  or Personal

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

\_\_\_\_\_  
Signature of Supervisor

**Learning Opportunity Title:**

**Learning Institution/Conference:**

**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: \_\_\_\_\_

**Checklist**

- Apply for departmental funding (where applicable)
- Attach copy of funding from additional source (where applicable)
- 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 applicable)
- 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*.