**Program Application Form** (#3-346B-01)

**Employee Learning & Development – Tuition Reimbursement**

This application must be completed and approved in advance of commencing a program for which financial support is being requested. Please refer to [OP 3-346B Tuition Reimbursement](https://department.flemingcollege.ca/policies-procedures/attachment/625/download) for eligibility rules.

**Employee Information**

|  |  |
| --- | --- |
| Employee Name |  |
| Employee ID |  |
| Employee Group | Choose an item |
| Job Type | Choose an item |
| Job Title |  |
| Department / School |  |
| Campus | Choose an item |

**Program Information**

|  |  |
| --- | --- |
| Program Name |  |
| Accredited Institution[[1]](#footnote-1)  (Attach evidence of accreditation) |  |
| Program Start Date |  |
| Program Duration |  |
| Number of Courses |  |
| Program Outcome | Choose an item |
| Estimated Total Cost[[2]](#footnote-2) | $ |

Are you eligible for any alternative source(s) of tuition support? Choose an item

If yes, please provide details, including amount, below.

|  |
| --- |
|  |

**Course Information**

List the courses comprising the program, and the estimated completion date for each one. If your program consists of electives, please indicate "elective" in the first column. Include a brochure/program outline.

|  |  |  |
| --- | --- | --- |
| **Course Name** | **Course Code** | **Estimated Completion Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

How does this program align with Fleming’s Strategic Plan?

|  |
| --- |
|  |

Describe how you intend to use the program in your work and the value to be created. How will Fleming College and/or Fleming students benefit?

|  |  |
| --- | --- |
|  | |
| I **Click/tap to enter your name** understand and accept the conditions of this Tuition Reimbursement Program Application as outlined in [Operating Procedure 3-346B Tuition Reimbursement](https://department.flemingcollege.ca/policies-procedures/attachment/625/download), and [Policy 3-346 Employee Learning & Development](https://department.flemingcollege.ca/policies-procedures/attachment/623/download). | |
| **Employee Signature:** | **Date:**  Click/tap to enter date |

**manager Recommendation**

**Manager Recommendation:** Choose an item

In what ways does this program support the employee’s professional development?

|  |
| --- |
|  |

How will Fleming College and/or Fleming students benefit?

|  |
| --- |
|  |

I **Click/tap to enter your name** understand that if this Program Application is for a **diploma or degree**, I am required to attend an upcoming SMT meeting to present the Application and discuss my reasons for supporting it.

|  |  |  |
| --- | --- | --- |
| Manager’s Name | Manager’s Signature | Date |
| Click/tap to enter text |  | Click/tap to enter date |

**manager’s Manager recommendation**

**Manager’s Manager Recommendation:** Choose an item

Comments:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
| Click/tap to enter text |  | Click/tap to enter date |

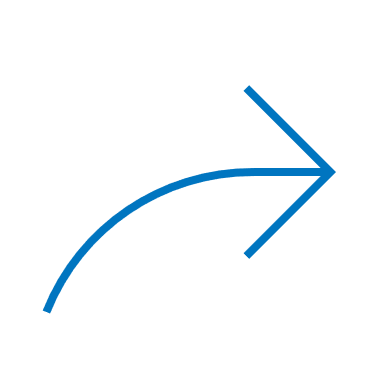
**Senior Management team member recommendation**

**Senior Management Team Member Recommendation:** Choose an item

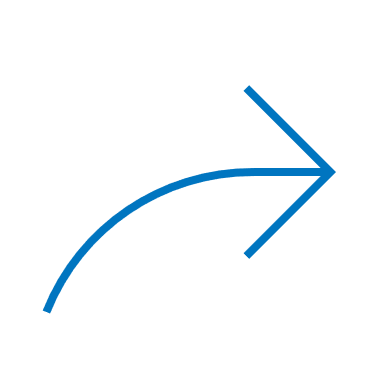
Comments:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
| Click/tap to enter text |  | Click/tap to enter date |

**

If the application is supported and for a **certificate program**, the final section of this form (SMT Decision) is to be completed by the Senior Management Team Member and then sent to [PD@flemingcolleg.ca](mailto:PD@flemingcolleg.ca) to be added to the employee’s file.

**

If the application is supported and for a **diploma or degree program**, the Senior Management Team Member must send this Program Application form to [PD@flemingcollege.ca](mailto:PD@flemingcollege.ca). It will then go to the full SMT for review and the VP, OEHR will complete the final section of the form (SMT Decision), based on the outcome of the SMT discussion.

**senior management team Decision**

This section is to be completed by the *Senior Management Team Member* or the *Vice President, Organizational Effectiveness & Human Resources*, as applicable.

|  |  |
| --- | --- |
| This Application Is | Choose an item |
| Date | Click/tap to enter date |
| Reimbursement Percentage | Choose an item |
| Maximum Financial Support | $ |
| Repayment Provisions |  |
| Additional Comments |  |

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
| Click/tap to enter text |  | Click/tap to enter date |

1. If the educational institution is outside of Canada , please provide an attestation that an equivalent program is not available in Ontario or, more broadly, Canada. Evidence of accreditation may also be required regardless of the location of the institution. [↑](#footnote-ref-1)
2. If the program is only offered through an institution outside of Canada, please indicate the total estimated cost in Canadian dollars and attach the cost information and the conversation rate used. [↑](#footnote-ref-2)