



**FLEMING**

# **Professional Development Leave**

**2026-2027 Application Package**

## Section One

# Applicant and Leave Details

### Applicant Information

Full Name:

Employee ID:

Home Address:

School/Department:

Position Title:

Supervisor/Chair:

Director/Dean:

Employee Group :

Academic

Support

Administrative

### Leave Information

Date Leave Begins:

Date Leave Ends:

For Faculty Only: Dates of Normal Vacation Period

Have you previously  
taken a PD leave?

Yes

No

Are you participating in a (non-medical) reduced  
workload or prepaid leave arrangement?

Yes

No

If yes, please provide details:

If yes, please provide details:

## Leave Compensation

Indicate your years of service with the College.

For Academic and Support Staff, the percent of salary paid is linked to years of service/time in a bargaining unit. For additional information, please refer to your respective Collective Agreement.

Percent Salary :

<input type="checkbox"/>	80% (11+ years of service)	<input type="checkbox"/>	65% (8 years of service)
<input type="checkbox"/>	75% (10 years of service)	<input type="checkbox"/>	60% (7 years of service)
<input type="checkbox"/>	70% (9 years of service)	<input type="checkbox"/>	55% (6 years of service)

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## Tuition Reimbursement

Applying for tuition reimbursement requires a separate program application form.

Are you applying for tuition reimbursement?

Yes       No

If yes, please complete a program application form and submit it with your professional development leave application.

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## Other Remuneration/Compensation

Do you expect to receive compensation from sources other than the College while on your PD Leave?

Yes       No

If yes, please indicate the amount you expect to receive and services you will perform/deliver:

## Section Two

# Statement of Plan for PD Leave

### Purpose of Leave

Describe the purpose for which the leave is requested. Please provide a concise statement of 25 - 50 words:

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### Statement of Plans

Please provide a description of the activities to be undertaken during the proposed leave:

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## Section Three

# Benefits and Relevancy of Leave

### Alignment with Personal PD Plan

Briefly describe how your proposed professional development leave aligns with your professional development plan:

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### Anticipated Learning Outcomes

Please provide a description of your anticipated learning outcomes:

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### **Benefit to the College**

Briefly describe how the College would benefit from your proposed professional development leave:

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### **Plan to Incorporate Learning Upon Return**

Please describe how you plan to incorporate your learning upon your return:

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## Section Four

# Attestation and Senior Support

### Attestation

If this professional development leave is granted, I agree to return to Fleming College for a period equal to one year (12 months). If this obligation is not fulfilled, I agree to reimburse Fleming College for the salary paid during the leave.

I understand if this professional development leave is approved, the approval is for my time away from Fleming College only. It is not approval for funding support for the PD activities in my application. If I wish to apply for tuition assistance, I understand that this follows a separate process and requires a separate application, to be submitted at the same time as my PD leave application.

In signing, I agree to all terms and conditions of the Professional Development Leave, as outlined in the "Compensation Information - Employees" document

Signature:

Date:

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### Leader Approvals

#### Supervisor/Chair Recommendation

 Approves  Does Not Approve

Supervisor/Chair Comments:

Signature:

Date:

### **Director/Dean Recommendation**

Approves  Does Not Approve

Director/Dean Comments:

Signature:

Date:

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### **SMT Member Recommendation**

Approves  Does Not Approve

SMT Member Comments:

Signature:

Date:

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### **SMT Approval**

Date:

Approves  Does Not Approve