



FLEMING

Professional Development Leave

2027-2028 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 :	☐ 80% (11+ years of service)	☐ 65% (8 years of service)
	☐ 75% (10 years of service)	☐ 60% (7 years of service)
	☐ 70% (9 years of service)	☐ 55% (6 years of service)

Tuition Reimbursement

Please note: The tuition reimbursement program is currently on pause and will not be available to those participating in the 2027-2028 PD Leave period.

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:

Statement of Plans

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

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:

Anticipated Learning Outcomes

Please provide a description of your anticipated learning outcomes:

Benefit to the College

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

Plan to Incorporate Learning Upon Return

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

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:

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:

SMT Member Recommendation

☐ Approves ☐ Does Not Approve

SMT Member Comments:

Signature:

Date:

SMT Approval

☐ Approves ☐ Does Not Approve

Date: