



APPENDIX "A"

APPLICATION FOR EDUCATION LEAVE

Please refer to Education Leave Guidelines for additional information on Education Leave procedures. This form is designed to be completed ELECTRONICALLY.

PART I. TO BE COMPLETED BY APPLICANT:

A. Personal Identification	
Full Name: _____	NLCA Beneficiary: YES <input type="checkbox"/> NO <input type="checkbox"/>
Community: _____	Region: _____
Department: _____	Position Number: _____
Division: _____	Pay Range: _____
Position Title: _____	Step: _____
_____	_____

B. Employment History	
Continuously Employed by GN Since: (date/year)	_____
Start Date in Present Position: (date/year)	_____
Resident of Nunavut Since: (date/year)	_____

C. Education History	
Secondary School: (when/where/level completed)	_____
Post Secondary School: (describe certificates, diplomas, degrees received)	_____
Special Certification or Licenses: (describe)	_____
Have you received Education Leave through the GN/GNWT in the past?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please describe the type of leave and when it was taken.	_____

D. Leave Requested	
Term of Leave Requested from _____ to _____ (enter dates)	



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Institution: _____

Location: _____

Program of Study (attach program description/outline/syllabus from institution): _____

You will earn a:

Certificate Diploma Degree Special License Other _____

E. Contribution to the GN

What studies have you completed while working for the GN? List (or attach) distance education courses, training courses, professional development etc.

How will the proposed program of study enhance your public service career with the GN and how will it enhance your ability to perform and deliver programs and/or services provided by the GN?

Was this program of study identified as a need on your last performance review?

YES NO

F. Alternatives

Are there other institutions that offer the same program of study?

YES NO

If YES, please provide a rationale for why you selected the institution named in Section D.

G. Financial Assistance Requested

Type of Financial Assistance being Requested (please refer to Education Leave Guidelines):

None (leave without pay) Basic Financial Assistance Only

Partial Allowance in Lieu of Salary Full Allowance in Lieu of Salary

at a rate of _____ % of current salary

If you are seeking financial assistance, please provide details and attach any supporting documentation for the following items:

Estimated Education Costs (tuition, books, etc.) \$ _____

Estimated Travel Costs \$ _____

Estimated Relocation Costs \$ _____

Have you received prior financial assistance from the GN for educational purposes?

YES NO

If YES, please provide details. _____

Will you seek financial assistance from other sources for this program? YES NO



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If YES, please provide details. _____

H. Additional Comments

Please provide any additional information that you feel is relevant to your application or that you would like the Review Committee to consider when reviewing this application.

I. Applicant Declaration

I certify that the information provided is, to the best of my knowledge, true and accurate and that I have read and understood the Education Leave Guidelines.

Applicant's Signature:

Date:

PART II. TO BE COMPLETED BY SUPERVISOR

A. Department Training Plan

How will the skills and knowledge gained during this program of study enhance the effectiveness of the employee, department and the GN as a whole?

How will this program of study enhance the public service career path of the applicant?

Will this course of study address the department's Inuit Employment Plan?

YES NO

If YES, please give details. _____

B. Capacity

What actions will be taken to ensure that operational requirements will be met during employee's absence? (i.e. backfill position on a term basis, casual hire)


How will the department ensure that the applicant's position (or a comparable position) will be available upon the applicant's return to work?

What level of financial assistance do you recommend (refer to Education Leave Guidelines)?

None (leave without pay) Basic Financial Assistance

Partial Allowance in Lieu of Salary Full Allowance in Lieu of Salary

at a rate of _____% of current salary

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C. Additional Comments
Please provide any additional information that you feel is relevant to this application or that you would like the Review Committee to consider when reviewing this application. _____

D. Recommendation	
I recommend this Education Leave application for approval:	
Supervisor Name: _____ Position Title: _____ _____ Supervisor Signature:	Director (if different than supervisor) Name: _____ Position Title: _____ _____ Director Signature:
_____ Date:	_____ Date:

PRIOR TO SUBMITTING THE APPLICATION FORM:

- Please ensure that this application is fully completed.
- Please remember to attach any supporting documents on the program of study and the estimated costs of the program.
- Once fully completed, the applicant's supervisor should submit the application form to the Deputy Minister.
- Questions on Education Leave should be directed to your department's HR representative.