EXEMPT STAFF PROFESSIONAL DEVELOPMENT COMMITTEE

Committee Membership:	Marg Poohachoff, Chair	HR Director
	Pat Rodrick	Denise Chernoff

Terms of Reference

- 1. To administer professional development funds to the college's exempt employees.
- 2. To approve/disapprove applications from Exempt staff for professional development funding.
- 3. To assist the Staff Development Committee in planning and recommending programs.

Membership

The committee shall consist of four administrative staff, three elected by the membership and one appointed by the President.

Terms of Office

Committee members shall serve a minimum of two years.

Funding

Allocation of funds is the responsibility of the President. Administration of allocated funds is the responsibility of the Exempt Staff Professional Development Committee.

General Guidelines

- 1. Exempt staff members who have been in the employ of the College for 12 months may apply to the committee at any time for funding for activities which meet one or more of the following objectives:
 - remaining current in one's area of expertise
 - improving administrative skills
 - meeting changing departmental or college objectives

The major criterion for deciding to support an activity will be the demonstration of direct relevance to the administrative responsibilities of the individual. Direct and indirect benefits to the College are also valid criteria. The committee may consider applications for professional development that result in personal development.

- 2. Professional development may involve a wide range of expenditures and activities, both on and off campus. Acceptable expenditures include, but are not limited to, a) costs incurred in bringing in resource personnel, conference registration fees, course fees, travel expenses, accommodation and per diem costs or, b) purchase of textual or A/V material, publication costs, equipment rentals or purchase related to a specific approved PD project. (Note: *funds for expenditures should not normally be available through regular College channels.*)
- 3. Applications from staff bearing the supervisor's endorsement may be eligible for funds to **augment the support provided by departmental budgets.** The maximum level of support provided by the committee will be determined annually. All full-time staff are eligible for funding. Part-time staff may be eligible for funding on a pro-rated basis.

Funding Formula: *Maximum PD funding available per fiscal year= \$1000.00.*

Funding requests up to \$500 can receive 100 percent funding after meeting all other application criteria. In cases where the funding application exceeds \$500, the balance of funds requested *after deductions are made for departmental or other sources of support* receive the \$500 plus 80 percent of the difference. The employee is responsible for the balance. *Example:*

Total cost of PD activity	\$1400
•	•
Department/Supervisor contribution (arbitrary & hypothetical	<u>\$ -250</u>
Total application to PD Committee	\$1150
First \$500 @ 100%	<u>\$ -500</u>
Balance	\$ 600
80% PD funding to a maximum of \$700	<u>\$ -520</u>
Department and or/Employee Contribution	\$ 80
Not exceeding a maximum total of \$1000.00	

Application Procedures

- 1. The exempt staff member completes a Professional Development Funding Application form (available from the Human Resources office or the Executive Assistant Board/President's Secretary) and, if necessary, a copy of the Travel Advance Request form filled out in triplicate.
- 2. The staff member sends the completed forms to his/her supervisor for approval along with the relevant supporting documents. Departmental support for the activity must be indicated at this time.
- 3. If the activity is approved and totally funded by the department supervisor, forward travel advance request to Finance for processing.
- 4. If additional PD funds are required, forward the application with the required signed departmental recommendation at least 30 days prior to the activity to the Chairman of the Exempt Staff Professional Development Committee. Unless applications are received at least 30 days prior to the activity, funding cannot be expected prior to the event. A retroactive application will be considered *if received within 15 days of the activity undertaken.*
- 5. The Committee will convene the last Friday of each month to consider applications. Time and place to be determined by the committee. *Incomplete applications will be returned to the applicant for completion and re-submission.*
- 6. The staff member must submit a written report of the activity to the PD Committee Chairman within 60 days of completion of the activity. *Failure to file an activity report renders that member ineligible for PD assistance for the next fiscal year.* A completed expense report and all required receipts should be cleared through Finance.

Professional Development Funds Application For Exempt Staff

Name _____

Department_____

Procedure:

On a separate sheet, please provide the following:

- 1. A description of the PD activity or expenditure. If applicable, include an agenda or outline of the workshop, course, conference or seminar, showing the sessions to be attended.
- 2. An explanation of how the activity or expenditure will assist you to remain current in your job and/or will benefit the College.
- If appropriate, fill out and sign the <u>Travel Advance Request/Expense Report</u> or a journal voucher form, cheque requisition, etc.
- Submit application and forms to your supervisor for indication of department support, recommendation and signature, then forward all documentation to the Exempt Staff PD Committee Chairman.
- Allow one month for processing.
- After completing the PD activity submit original receipts, with the pink copy as indicated on the Travel Advance Request Form to the PD Committee Chairman.
- Return PD Report form to the PD Committee within 10 days of return.

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Have you received PD funds this Fiscal Year? Yes () No ()

How much money did you or will you receive? \$_____

List PD activities in which you have participated in the past six months.

TO BE COMPLETED BY SUPERVISOR

Check one in each category					
() RECOMMENDED				()	NOT RECOMMENDED
Department Funding	()	Yes. A	Amount \$		
Amount Code ()() - ()()()()()(() - ()()()()			
	()	No			
COMMENTS:					
Supervisor Signature			Date		
	I	P.D. Co	mmittee Use On	ly	
() APPROVED		()	NOT APPROVE	ED	
TOTAL GRANT APPROVED \$					
PD Reports received	()	Date			