

Staff Tuition Reimbursement Application form & Individual Development Plan - FA

Employee Name:	Employee Number:			
Faculty:				
Please check the box that describe in Article 26.12 a) upon successful comple	es your program. The Faculty Member shall be reimbursed as set out letion of a course that is either:			
i) a University degree course up to a	and including the Master's level;			
ii) a diploma or certificate program offered through Durham College; or				
iii) a Bachelor's degree or a Master's degree at a recognized post-secondary educational institution other than the University or Durham College.				
University/College Name:				
Program Name & Semester:				
Please list the courses you will complete to fulfull the requirements of the Certificate/Diploma/Degree program you are taking:				
As per Article 26.12 e) of the FA Collecti	ive Agreement, courses should be taken on the Faculty Member's own			
time outside of normal working hours. Ar	re any of your courses scheduled during normal working hours?			
Yes: No:				
If any courses are during normal workin by your Dean? Yes: No: No	ng hours, have alternative work arrangements been made and approved ot applicable:			
How does this program benefit your car	eer in the short term and long term?			

In order for this applic	cation to be processed, a	copy of the following document	ation is required:
- Notification of Succe	locument - required after essful Completion of Cou	rse - copy to H.R. once course i	s completed
Signature of Employee		Date	
Signature of Manager or Dean		Date	
For use by Human I	Resources:		
Approved:	Not Approved:		
Comments:			
Total Rewards Mana Human Resources	ger,		