



EDUCATION LEAVE APPLICATION FORM

Employee and Supervisor complete all sections. This application must be supported by the Deputy Head. Denied requests can be appealed directly with the Deputy Minister responsible for the public service and the employee's respective Deputy Minister. Please provide a copy of the initial request to your department or region's Client Services team.

*The form is for use of employees who are members of the Union of Northern Workers, Excluded Employees and Senior Manager only. Members of the Northwest Territories Teachers Association and Northwest Territories Medical Association are to refer to their respective agreements.

PART 1 | A: APPLICANT INFORMATION

Name:	Current Position Title:
Department:	Position Pay Grade:
Division:	Community:
Are you eligible under the GNWT Indigenous Employment Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you been continuously employed with the GNWT?	

PART 1 | B: EDUCATION LEAVE INFORMATION

Education Leave is defined as full-time post-secondary studies for a period of not less than one academic year at a recognized university, community college, or technical institute. If Education Leave is not applicable, please go to **Part 1 D: Short-Term Leave for Training**.

Name of Academic Institution:	Name of Program or Courses:
Location:	Will this program require travel?
Program/Course Start Date:	Program/Course End Date:
Are you requesting Education Leave? If Yes – Please indicate at what level: <input type="checkbox"/> Education Leave Without Allowance in Lieu of Salary <input type="checkbox"/> Education Leave with Partial Allowance in Lieu of Salary <input type="checkbox"/> Education Leave with Full Allowance in Lieu of Salary If No – Please provide details how you are planning to complete the program? (e.g., during personal time)	Course/Tuition Reimbursement: Details:
Have you demonstrated satisfactory performance that is supported by your previous performance document? Was this identified in your learning plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details of course of study:	

How will this impact your career growth?

PART 1 | C: FINANCIAL INFORMATION

Other than Student Financial Assistance, have you received educational assistance from the GNWT in the past? If yes, please provide details:			
Have you applied for other sources of funding to finance your course of studies? If yes, please provide details.			
Provide a breakdown of the financial assistance you are requesting.			
	Amount Per Semester (\$)	Number of Semesters	Total Financial Assistance Requested (\$)
Tuition			
Other Fees			
Books			
Travel Costs			
Removal Costs (if applicable)			
Salary (if applicable)			

PART 1 | D: SHORT TERM LEAVE FOR TRAINING PURPOSES

Short Term Education is defined by leave with or without pay to take advanced or supplementary professional or technical training of less than one academic year.

Name of training program/course:	Location:
Program/Course Start Date:	Program/Course End Date:
Was this identified in your learning plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional details:	

PART 2 | TO BE COMPLETED BY THE SUPERVISOR

Name:	Current Position:
1. Has this training been identified in a recent performance document? If yes, please provide details.	
2. How will this support the advancement of the department's strategic priorities?	
3. How will this support the department's succession planning goals?	
4. Do you support this request? Provide details.	
5. If you support the request for educational leave, what actions will be taken to ensure the employee's home position is available when they return to full-time duties?	
6. If you are recommending the employee work on a part-time basis while studying, what actions will be taken to ensure the tasks and responsibilities of their home position are met?	
7. If you are recommending the employee work on a full-time basis while studying, are you in support of the employee studying during working hours? If yes, what actions will be taken to ensure the tasks and responsibilities of their home position are met?	
8. Can this request be funded from within the department's existing budget? Provide details.	

PART 3 | SIGNATURES

Applicant (Employee)

Date

Supervisor

Date

Deputy Head support:

- ☐ Yes
- ☐ No

Deputy Head

Date