

**KENORA DISTRICT SERVICES BOARD
POLICY and PROCEDURE**

TITLE: PROFESSIONAL DEVELOPMENT and EDUCATIONAL ASSISTANCE	SECTION: HUMAN RESOURCES
EFFECTIVE DATE: March 10, 1999	POLICY NO.: KDSB-HR-III-01
APPROVED BY: By-Law 1999-01	REVISED: Resolution No. 2008-48

POLICY STATEMENT

It is the policy of the Board to promote the self-development of employees to continually upgrade and develop their work-related knowledge and skills through continuing education opportunities.

This policy is intended to ensure an environment that supports the personal development of employees in meeting the corporate goals and objectives and the Board encourages employees to enroll in educational courses that contribute to their effectiveness in their positions.

Funds, based on realistic estimates to provide financial assistance to such employees must be included in each Services annual operating budget. These budgets must be approved by the Board of Directors each year.

SCOPE

Permanent full-time and permanent part-time employees who have successfully completed their probation period are eligible to apply for assistance under this policy prior to their enrolment in the course of study. Permanent full-time employees are entitled to apply for educational assistance in the amount of 100% of the tuition cost and permanent part-time employees are entitled to apply for educational assistance in the amount of 50% of the tuition cost.

This policy applies to continuing education programs that:

- (1) provide a mutual benefit to both the employee and the Board;
- (2) are offered by a recognized educational institution or professional organization; and
- (3) in the case of non-degree courses, are designed to expand and/or broaden an employee's knowledge and/or develop potential to assume greater responsibility within the organization.

If an employee is directed by his or her Service Director to take a job-related training course, the Board shall assume responsibility for 100% of the pre-approved cost (including tuition, course materials, travel and accommodation). The employee will be paid his/her normal hourly rate for each hour the employee would normally have worked for the duration of the course. The employee is required to provide documentation to validate successful completion of his/her studies.

If training opportunities are offered directly by the Board to its employees, financial assistance will not be provided to employees who choose to obtain the same training through an external source.

Expenses related to conferences, seminars and workshops are dealt with in KDSB Policy No.: HR-I-02, Travel and Accommodation – Staff.

PROCEDURE

1. An employee must complete an Application For Educational Assistance (attachment A) at least thirty (30) days prior to the commencement of the course of study and submit same to his/her immediate Supervisor.

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2. The application form requires the endorsement of the employees' Supervisor and the approval of the Service Director.
3. A copy of the approved application will be returned to the employee and serve as the authorization for the employee to proceed with enrollment.
4. A Promissory Note (attachment B) for the amount of the approved financial assistance received must be completed and signed by the employee in the presence of his/her Supervisor prior to any funds being advanced or reimbursed.
5. KDSB may, upon request, provide an advance to the employee for the cost of the approved tuition prior to the start of the course. This payment will be considered an employee advance and recorded in the Board's financial records as such. The employee must provide evidence of successful completion of the course in order to clear this advance from the employee's records. If the employee fails to successfully complete the course, the amount advanced by KDSB must be repaid.
6. Evidence of successful completion of the course of study and reimbursement under this policy shall be filed in the employee's personnel file.
7. To obtain reimbursement for approved costs of a course, the employee is to attach supporting documentation indicating successful completion to his/her copy of the approved application form, and submit this information to his/her immediate Supervisor. The Supervisor shall complete the Refund Authorization section of the form and forward the documentation to the Finance Department who will process the reimbursement.
8. The employee must remain actively employed by KDSB throughout the duration of the course of study. If the employee leaves the employ of KDSB for any reason up to twelve months after completing the course, he/she will be required to repay the assistance received. Month is defined as a calendar month and employment of a minimum of ten (10) working days in such month shall qualify the employee for a full month's credit.

Attachment A – Professional Development and Education Assistance Application Form
Attachment B – Promissory Note

**KENORA DISTRICT SERVICES BOARD
Professional Development and Education Assistance Program
APPLICATION FOR EDUCATIONAL ASSISTANCE**

Employee Name:		Div / Dept:		Date:
I request approval of the following course(s) under the <i>Professional Development and Education Assistance Policy</i> . I understand that in order to be eligible each course must be approved PRIOR TO ENROLMENT.				
Course Name and # and brief outline of course content.	To be taken at (Educational Institution)	Start Date	Length of Course (in hours)	Tuition Fee
Please check <input checked="" type="checkbox"/> one of the following: The above course is being taken as <input type="checkbox"/> part of a curriculum leading to the degree of _____. OR <input type="checkbox"/> a non-degree course (name of certificate/diploma) _____.				
DEGREE REQUIREMENTS: The Degree being pursued must be in a field related to your employment. You must furnish a letter, or equivalent acceptable documentation from the college or university indicating: (1) that you may be officially enrolled, and (2) the degree towards which you are working				
NON-DEGREE REQUIREMENTS: A non-degree course(s) must be JOB RELATED, improve your performance on your present job, or help prepare you for future assignments.				
Why do you think this course(s) will enhance your effectiveness as an Employee of KDSB and how does it relate to your current job? 				
I am requesting a Tuition Advance in the amount of \$ _____				
Employee Signature: _____ Date: _____				

DEPARTMENT APPROVAL

Briefly state why you are recommending approval:
The tuition advance requested above is authorized: YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor Signature: _____ Date: _____ Service Director Signature: _____ Date: _____

Please turn over for 'Refund Authorization' Section

REFUND AUTHORIZATION

Please provide the amount of \$_____ to the above employee under the Professional Development and Education Assistance Policy. Evidence of satisfactory completion of the approved course(s) and the necessary receipts are attached and submitted herewith.

Supervisor's Signature: _____ Date: _____

PLEASE NOTE:

Full repayment of Professional Development and Education Assistance funding or tuition advance will be required if the employee leaves the employ of KDSB within twelve (12) months of completing his/her course(s). The employee must sign a Promissory Note agreeing to this condition once the course(s) costs have been confirmed.

KENORA DISTRICT SERVICES BOARD
211 PRINCESS STREET, SUITE 1
DRYDEN, ON P8N 3L5

PROMISSORY NOTE

In the amount of \$_____

Financial Assistance Related to the Professional Development and
Education Assistance Policy

This certifies that I, _____, as an employee of the Kenora District Services Board, did receive educational assistance from the KDSB in the amount of \$_____. This financial assistance relates to the following educational course/program taken during my employment at KDSB: _____ over the following time period: _____.

Should I fail to provide satisfactory evidence of successful completion of the educational course/program, I promise to fully repay the amount of financial assistance received as stated above.

Should I leave the employment of KDSB for any reason during the twelve month period following completion of said course/program, I promise to fully repay the amount of financial assistance as stated above. This repayment will be made on or before my last day of employment with KDSB.

Employee's Signature

Witnessed by Supervisor

Employee's Name (Print)

Supervisor's Name (Print)

Date Signed