

Section 1 This section is to be completed by the staff member		
Staff Member's Name:	Date of Application:	
Staff Group: <input type="checkbox"/> Administrative	<input type="checkbox"/> Academic	<input type="checkbox"/> Support
School:	Department	Extension:
Leave to begin on:	Leave to end on:	
Compensation being requested:		
Paid Leave <input type="checkbox"/> Yes	Indicate the % of salary requested _____ %	
Unpaid Leave <input type="checkbox"/> Yes		
Purpose of this leave is to pursue (check appropriate box):		
<input type="checkbox"/> Academic Studies (Complete section 3)		
<input type="checkbox"/> Industry/Field Experience (Complete section 4)		
To be completed by Human Resources:		
Seniority Date:	Hire Date:	Date of last PD Leave:

Section 2 This section is to be completed by the staff member		
With which Strategic Priorities of the College does your PD leave most closely align? (please check the appropriate box(s) below):		
<input type="checkbox"/> Quality Continuously improving ourselves to foster excellence in what we do. → Student Success. → The World is Your Classroom → Quality Facilities, Technology, and Equipment	<input type="checkbox"/> Innovation Relentlessly generating and disseminating new ideas for the benefit of our stakeholders → Innovation Culture. → Applied Research Mohawk → Applied Research Centre → Partnerships	<input type="checkbox"/> Sustainability Conducting business to positively impact people, the environment, and the economy. → Access → Greening Mohawk → Informed Decisions → Financial Wellbeing

Section 3: Academic Leave

To be completed if "Academic Studies" was selected in Section 1

Name of program:

Name of Institution:

Program start date:

Program end date:

Will you be receiving tuition assistance?

 Yes

 No

If you selected "yes" and have not already done so, please review the "Staff Tuition Assistance Application" found under the HR tab on MoCoMotion.

Fill out the following information by semester. Please note that a calendar description of the program must be attached to this application.

Fall

Percent of full course load: _____

Course name(s):

Winter

Percent of course load: _____

Course name(s):

Summer

Percent of course load: _____

Course name(s):

Section 3 continued. . .

If you are undertaking related academic work in addition to course work (i.e. degree related research, thesis writing) please provide a detailed description of these activities.

How does this leave relate to the work you currently perform at the college, and/or your future career direction with the college?

Approval of the Leave is contingent on your providing grades for these courses to Human Resources Department and your manager upon completion of each semester. Your signature at the end of the document is your agreement that you will provide the grades as required.

Section 4: Industry Placement

To be completed if "Industry/Field Experience" was selected in Section 1

Company Name:

Company Address:

Contact phone number:

Placement position title:

Supervisor's name:

Supervisor's title:

Placement start date:

Placement end date:

Is the placement full-time? Yes No

If not provide details:

Will you be paid during the placement: Yes No

If "yes", what is the expected salary? _____

Note – This information is required in order to determine the level of financial support by the College during your Leave.

Section 4 continued . . .

Provide list of the primary duties expected to be performed during your placement:

How does this leave relate to the work you currently perform at the college, and/or your future career direction with the college?

Written updates are to be provided to your supervisor at two (2) month intervals describing major job functions performed, learning outcomes, etc. Your signature at the end of the document is your agreement that you will provide the grades as required.

A written report is to be submitted to your manager at the end of your PD leave detailing key accomplishments and learning outcomes. This report must include a statement on how you believe your placement has provided you with tangible skills that will benefit your role at the college. Your signature at the end of the document is your agreement that you will provide the grades as required.

Section 5: Sign-off.

Please sign below to confirm that you have read all relevant sections of the Application.

 Signature

 Date

Please note that a full year Professional Development Leave must include your vacation. It is your responsibility to ensure that you take your vacation during the leave period.

For leaves less than one year in length, vacation will be scheduled by the College as per the Collective Agreement or your Terms and Conditions of Employment. Your PD Leave Agreement will identify any adjustment to pay or vacation entitlement resulting from the Leave.

Section 6: Supervisor Recommendation

This section is to be completed by the immediate supervisor

 If MEG approves this application, I am able to operationally accommodate this PD Leave

 If MEG approves this application, I am unable to operationally accommodate this PD Leave

Please identify how this Professional Development leave would benefit the employee and directly benefit the College.

Please identify any challenges or barriers which should be considered in the approval process.

 Signature of Immediate Supervisor:

 Date:

Section 7

This section is to be completed by the Vice President to whom the employee reports to confirm the Mohawk Executive Group decision regarding the Leave.

Professional Development Leave approved

Professional Development Leave denied

Signature—Vice President

Date