

CONTINUING EDUCATION: APPLICATION FOR ATTENDANCE & REIMBURSEMENT

EMPLOYEE INFORMATION (to be completed by Employee)	
Full Name:	
Unit/Department:	
Position:	
Phone:	Date of Request:

EDUCATION EVENT INFORMATION (to be completed by Employee)	
Name of Education Event*:	
Date:	Time:
Type of Event: <input type="checkbox"/> Workshop/Seminar <input type="checkbox"/> Conference <input type="checkbox"/> Credit Course	
Rationale for Interest and Relevancy to Position:	
Request for: <input type="checkbox"/> Registration Only <input type="checkbox"/> Time Only <input type="checkbox"/> Time & Costs	
Funding Secured/Applied for from Another Source:	

ESTIMATED COSTS (to be completed by Employee)	
Registration Fee	\$
Ground Travel/Parking	\$
Materials	\$
Other	\$ Explain:
TOTAL	\$

*Employee to attach additional information (i.e. brochure, registration form).

MANAGER APPROVAL (if approved, Manager to forward to Director)		
Are other staff attending this event?: <input type="checkbox"/> NO <input type="checkbox"/> YES Identify:		
Coverage: <input type="checkbox"/> REQUIRED: <input type="checkbox"/> Arranged <input type="checkbox"/> None Available <input type="checkbox"/> NOT REQUIRED		
Authorized By (Print Name)	Authorized Signature	Date

DIRECTOR APPROVAL (file original; copy to employee)		
Funding Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, reason denied:		
Amount Approved: \$	Cost Centre:	
Authorized By (Print Name)	Authorized Signature	Date

INSTRUCTIONS:

Employees within Winnipeg West Health Campus requesting to attend an educational event and/or requiring financial support shall complete the Continuing Education: Application for Attendance & Reimbursement form (FC #73).

APPLICATION PROCESS:

- Complete the form prior to the educational event.
- Attach additional information (i.e. brochure, poster, registration) about the event to the form.
- Submit the completed form to your manager for approval.

APPROVAL PROCESS:

- If approved by the manager, requests will be reviewed by the Director and approved, if feasible, within the budget of the current fiscal year (April 1st to March 31st).
- Employee will be notified (by way of signed form) if the request is approved or not.
- If approved, the employee is to register and submit payment for the event.
- Employee is to complete a [WRHA Expense Claim Form](#), and attach the original receipt.
- Employee is to forward a [WRHA Expense Claim Form](#) to the applicable Director for final authorization and submission to WRHA Finance.

NOTE: Employees may be required by the applicable Manager to provide an oral or written report, inservice presentation, etc. as deemed appropriate.