

Completion of the following form will enable processing of requests for Education Leave and support. Please refer to Education Leave Program Policy 901-2 for a description of the policy and application instructions.

**Form A – To be completed by the Applicant**

**1. Personal Information (please print)**

Surname

Given Names

Sex  M  F

Department

Branch

Work Address

Office Telephone

Home Address

Postal Code

Home Telephone

Position Number

Classification Number

Salary

SIN Number

In-Scope  Out-of-Scope

Employment Status

Employment Starting Date

Total Years of Government Service

Years in this Position

Are you presently on a temporary assignment?  Yes  No

High School Diploma

University Degree(s)

Other Diplomas

*This form should be used to apply for Education Leave*

Prior Education Leave (if applicable) From \_\_\_\_\_ to \_\_\_\_\_

Education Goal \_\_\_\_\_

Amount \_\_\_\_\_

Prior Tuition Support (if applicable) From \_\_\_\_\_ to \_\_\_\_\_

Courses \_\_\_\_\_

Total Amount \_\_\_\_\_

Please check to verify that the following items are available to support application:

- Information on additional sources of funding
- Educational institution acceptance correspondence
- Any additional support and recommendation correspondence

## 2. Details of Education Leave Request

Purpose of Leave (if practicum, describe details of assignment)

Name of Location of Educational Facility and Reason for Selection

Please indicate the number of courses required for you to complete your course of study

\_\_\_\_\_ Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Expected Benefit to Government

Expected Benefit to Employee

Desired Level of Support is \_\_\_\_\_ percent of total below

**3. Estimated Total Cost (to be completed by employee)**

Salary	Tuition	Books	Travel	Other	Total

I understand that to receive Education Leave, I must obtain prior approval and that I must sign a promissory note prior to the leave. I certify that all the information submitted is correct and that I have read and understood the Education Leave Program Policy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permanent Head's Signature (or designate)

\_\_\_\_\_  
Date

Copy to Human Resource Service Team  Copy to Employee  Enter on MIDAS

**To be completed by the Department**

**1. Personal Information (please print)**

**1. Department Recommendations for Education Leave**

Comments and recommendations:

- Sources of Financial Support
- Plans for Replacement
- Present and future plans for the employee
- Employee's potential
- Departmental rationale for supporting the application (i.e. recruiting implications of rural and northern geographic considerations, supporting department's Strategic, Human Resource or Employment Equity Plans)
- Employment equity target group (i.e. aboriginal, persons with disabilities, women in management/non traditional)

Recommendation	Percent of Support	Total Amount	Date
<input type="checkbox"/> Recommended			
<input type="checkbox"/> Not Recommended			

\_\_\_\_\_  
Signature of immediate Supervisor

\_\_\_\_\_  
Signature of Department Official

Approved

Not Approved

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Signature of Deputy Minister or Permanent Head

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Printed Name