



**PROFESSIONAL AND TECHNICAL TRAINING PROGRAM  
REIMBURSEMENT FORM**

**Staff Development  
Z-1 SDB**

**I EMPLOYEE INFORMATION** Request Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dept: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Employee No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Sup. Phone: \_\_\_\_\_

**II COURSE, WORKSHOP OR CONFERENCE INFORMATION**

Name of Course/Conference/Workshop: \_\_\_\_\_

Offered by: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total tuition / registration cost: \_\_\_\_\_ Location: \_\_\_\_\_

**\*Please attach a brief summary/outline of the course/workshop/conference.**

Purpose of Training: (Please check)

Objective To obtain knowledge/skill/ability:  to meet current job requirements/duties  
 to meet future dept/branch requirements/duties  
 to meet employee career opportunities

How will this training benefit you personally?  
 \_\_\_\_\_

How will this training benefit your Branch/Department/Yukon Government?  
 \_\_\_\_\_

**III REIMBURSEMENT FOR PROFESSIONAL MEMBERSHIP FEES**

Name of Organization: \_\_\_\_\_ Total cost of yearly membership: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

What are the criteria for membership?  
 \_\_\_\_\_

Duration of membership: \_\_\_\_\_ to \_\_\_\_\_

Does the organization offer training or development programs for members? Yes  No

How does membership benefit you/your department/government?  
 \_\_\_\_\_

**IV DEPARTMENT SIGNATURES**

\_\_\_\_\_  
Employee Supervisor Human Resource Branch

\_\_\_\_\_  
Date Date

**Please note:** by signing this form, the department is committing to cost share training or membership fees.

**V PSC RESPONSE**

Approved:  PSC % \_\_\_\_\_ Dept % \_\_\_\_\_ Branch % \_\_\_\_\_ Employee % \_\_\_\_\_

Not Approved:

\_\_\_\_\_  
Staff Development Branch Date