Background & Purposes:

Supporting all staff to participate in professional development (PD) activities that are relevant to their work and enhance their skills is a critical factor in achieving our goals. Professional development activities may include: participation in a training course hosted by UBC, a course at another post-secondary institution or an external training firm; attendance at a conference; and/or membership in a professional organization.

1. Guideline/ General

Principles:

- Professional development is necessary for people to learn and grow in their careers and it comes in many forms.
- PD activities sponsored by Facilities will directly benefit the department, enhance the collective skills or knowledge we have to carry out our work, and relate to the mission of Facilities and the University.
- Sponsorship maybe full or partial.
- Full sponsorship will provide staff members with both the cost of the course, related expenses as well as paid time to attend the sessions. Full sponsorship will typically be granted to staff members that require this training for the work that they perform daily.
- Partial sponsorship may provide a staff member with either the full or partial amount of the total cost of the course and/or full or partial amount of related costs and/or a maximum of 3 days per year of paid leave to attend the course if operationally possible. Partial sponsorship will typically be granted to staff members that do not require this training for their position, but this training will directly benefit them and the department.
- Staff members that are granted partial sponsorship must make every effort, if appropriate, to register for courses that are after hours or on the weekend. If the course is after hours, or on the weekends no paid time will be granted.
- Staff members will share the information, resources and skills obtained through PD activities with others in Facilities.
- Approval of PD activities is based on Facilities' needs and the relatedness of the proposed activity to the goals outlined in an employee’s annual review. Decisions will also take into consideration the relevance of the training to current and future work assignment.
- All PD activities undertaken during work-time or with any Facilities resources **must be approved in advance** by an employee’s manager and Superintendent/Director.
Procedure:
1. Complete a development plan during your annual review with your manager (CUPE 116 and IOUE 115 employees may not currently complete this step).
2. If appropriate discuss the use of Professional Development funds (ex. AAPS M&P/CUPE 116 fund) or the use of tuition waivers.
3. Once you have found a PD activity that fits within your identified development plan (if applicable) and meets your learning goals, complete an Application for Professional Development Resources or AAPS/CUPE 116 PD expense claims form before registering for the activity or booking the time out of the office, and give it to your manager for consideration.
4. Your manager will forward your application to the Operations Project Manager – Change Mgmt, Business Services to ensure funding is available based on the approved professional development and training plan and budget.
5. If the Application for Professional Development Resources is approved, you will receive a copy of the approved form and the clerical pool will register you for the course.
6. When filling out your timecard use BOW9100020 to indicate PD hours used. (Note, for core safety training please continue to use the 4T time code)
7. After the PD activity is complete, make arrangements to share what you learned with other Facilities employees.

Process to Request for Professional Development

For details on eligibility, guidelines, and reimbursement process please visit the HR website:

- CUPE 116 Professional and Skills Development Fund
- Tuition Waivers for CUPE 116 & IUOE 115 staff
- M&P Professional Development Fund
- Tuition Waivers for M&P staff
Facilities Application for Professional Development (PD) Resources

**Employee Information**

<table>
<thead>
<tr>
<th>First Name: ________________________________</th>
<th>Last Name: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee ID Number: _______________________</td>
<td>Crew Number: ______________________________</td>
</tr>
<tr>
<td>Application Date: _________________________</td>
<td>Employee Signature: ________________________</td>
</tr>
</tbody>
</table>

**Professional Development Details (Conference/Workshop/Course)**

Name of activity (attach program/conference overview): ____________________________________________
Location of activity: _________________________________________________________________________
Start Date: ___________________________  End Date: _________________________________________
Total time required for activity: ___________________________ hours/days
Total travel time required: ___________________________ hours/days
Paid PD time requested from Building Ops: ___________________________ hours/days
Application for AAPS M&P/CUPE 116 Professional Development Fund (if applicable) $________
Use of Tuition Waiver: Yes/No (please circle)
Please detail plan to share learning after PD activity below:
_______________________________________________________________________________________________
_______________________________________________________________________________________________

**Required Financial Resources**

<table>
<thead>
<tr>
<th>Tuition/Registration Cost: ____________________</th>
<th>Travel: _____________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation Cost: ________________________</td>
<td>Meals: _____________________________________</td>
</tr>
<tr>
<td>Other Fees: ________________________________</td>
<td>Total Time: ________________________________</td>
</tr>
</tbody>
</table>

**Approvals**

Is this PD part of the Facilities PD Plan/Budget? ______________________________________________
If it is not please justify why this PD is required ______________________________________________
__________________________________________________________________________________________
Full (F) or partial sponsorship (P)? F/P (please circle)
If partial sponsorship please indicate what has been agreed to:

<table>
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</tr>
</tbody>
</table>

Manager Name: ____________________________  Superintendent/Director Name: _______________________
Manager Signature: _________________________  Superintendent/Director Signature: _______________
Date: _____________________________________  Date: ________________________________________

Please submit this request to the Operations Project Manager – Change Mgmt, Business Services to confirm funding

Signature of Operations/Project Manager: _____________________________________________________
Date: __________________________________________________________________________________