MANAGEMENT PROFESSIONAL DEVELOPMENT POLICY

[Organization Name] recognizes that continuous professional development is fundamental to individual job satisfaction, workplace productivity, reward, and recognition, as well as to the accomplishment of our organization's mission and the ongoing enhancement of the quality of our programmes and services. As such, [Organization Name] provides financial assistance to management team members to help them advance in their careers.

This policy intends to create possibilities for all members of management to advance individually. Individual growth results in managers and executives who are proud of themselves, their positions, and their abilities, all while working together in a supportive atmosphere to achieve [Organization Name]'s objectives.

All requests will be reviewed to ensure that all management team members, regardless of age, gender, ethnicity, or another other protected status under human rights, have equitable access to training and development opportunities.

Support is limited to a total of [insert amount] every [insert number] year/s.

* First-time applicants may be awarded up to [insert amount].

ELIGIBILITY

1. The applicant must be a member of the management team [INDICATE POSITIONS COVERED, e.g., line managers, chief marketing officer, etc.] of [Organization Name].
2. The application must pertain to education/training commenced between [insert start date] and [insert end date].
3. The education/training must pertain to professional development in [INDICATE professional disciplines covered,e.g., health and science, information technology].
4. Tuition, registration fees, the cost of required books/materials, and other reasonable education-related expenses are all eligible for reimbursement, as are reasonable travel and lodging expenses if the applicant must travel or temporarily relocate to attend education/training. The [insert amount] cap can only be utilized for travel up to a maximum of [insert amount].

**Travel**

There is a combined flight and mileage cap for travel inside Canada of [insert amount]. For combined flight and ground transportation to and from the United States, there is a limit of [insert amount].

**Hotel Accommodations**

A minimum distance of [insert number] kilometres between the applicant's house and the location of the in-person education/training given determines eligibility for hotel accommodations.

For the length of the event, eligible hotel accommodation reimbursement is capped at [insert amount] per night, with a maximum of [insert number] nights.

If the member of management is required to be at the education/training venue the day before the event to ensure that they arrive on time, they will be eligible for hotel accommodation reimbursement for the day before the event.

If they need to stay at the hotel the night after the event because there is no other way to get home before [insert time] on that date, they will be eligible for hotel accommodation reimbursement for that night.

* All requests must be submitted by <insert date> for this funding period.

FUNDING GUIDELINES

1. When an application is determined to meet the eligibility criteria, it will be granted pending the availability of adequate funding.
2. [insert authorized department] will inform successful applicants in writing that;

a. their application has been approved or denied; and

b. if approved, the fund limits and other details.

1. All stated expenses must be accompanied by detailed receipts for successful applicants. Receipts must be submitted in a timely way to [insert authorized department], and in any case, by the deadline given in the approval letter. Only after an applicant has submitted satisfactory receipts will they be reimbursed.
2. The fund will reimburse the applicant for actual expenditures after receiving proof of payment of authorised, qualified expenses, up to a funding cap of [insert amount] per member.
3. An applicant may apply to this fund numerous times, up to a [insert amount] maximum per application.

PROFESSIONAL DEVELOPMENT FUND REIMBURSEMENT

[Organization Name] is so committed to advancing the credentials of our management team that we are willing to pay for their training. However, management team members who wish to enroll in training must put their best effort forward and work diligently to pass their courses. They must also understand that for [Organization Name] to cover the cost of training, they must remain employees of [Organization Name] for at least X year/s after completing their program to impart the skills and knowledge they have acquired.

As such, management team members understand they will be responsible for reimbursing [Organization Name] in full for the costs covered by the Professional Development Fund if:

1. They do not pass the courses [Organization Name] has paid for.
2. They do not remain employees of [Organization Name] for at least X year/s after the completion of the program.

HOW TO APPLY

Please check the eligibility and funding guidelines before applying, and then complete the application provided by [insert authorized department].

Original receipts or reimbursement documentation should not be supplied with your application at this time. Please send copies only. (Original receipts will be requested for reimbursement once the [insert authorized department] has given its approval.)

* Please note that Professional Development funds are separate from other employee benefits.

EVALUATION PROCESS

1. The application will be checked for completeness and appropriate paperwork.
2. The applicant’s eligibility will be checked.
3. The applicant's professional development activity will be examined to see if it qualifies for financing based on the criteria specified in this document.
	1. If applicable, look for proof of effective utilization of previously given professional development funding.
4. Examine the application for adherence to the [Organization Name] policies.

The decision to authorize or approve an application for professional development may be appealed to the [Insert authorized person].

ACKNOWLEDGEMENT AND AGREEMENT

I, the undersigned, understand and acknowledge that [Organization Name] will only cover the cost of my professional development if I pass my program *and* remain an employee of [Organization Name] for at least X year/s after completion of my program.

Further, I acknowledge and agree that I will be required to repay [Organization Name] in full for the cost of my program if I do not pass it and/or if I do not remain an employee for at least X year/s after completion of my program.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_