

*This form should be used to apply for the tuition and book education allowance program*

Please refer to the [Learning and Development Policy PS901-1](#). *Note:* Expenses are paid only upon approval and with the condition that the employee successfully completes the course, provides receipts and statements of marks.

**Section 1: Personal Information – To be completed employee (please print)**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Names

\_\_\_\_\_  
Ministry

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Employee No.

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Position Title

\$ \_\_\_\_\_  
Previous Reimbursement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employment Status

\_\_\_\_\_  
Classification Level

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Program Level  
*(Goal e.g. certificate, degree)*

\_\_\_\_\_  
Program Discipline  
*(Area of Study e.g. data processing, social work)*

Date of Course \_\_\_\_\_ to \_\_\_\_\_  
*(One course per form) (mm/dd/yyyy) (mm/dd/yyyy)*

\_\_\_\_\_  
Course Title

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**Expenses**

Tuition	_____
Books	_____
Examination Fee	_____
Travel	_____
Registration Related Fees	_____
Other	_____
<b>Total Expenses</b>	_____

**Section 2: Ministry Support – To be Completed by Ministry**

Total Tuition/Books/Examination Expenses \_\_\_\_\_ Please indicate if this is a:  Taxable  Non Taxable benefit

Percentage of Support \_\_\_\_\_ %

**Total Amount Authorized** \_\_\_\_\_

\_\_\_\_\_  
Permanent Head's Signature (or designate)  
*(If recommended, need only sign below)*

Recommended:  Yes  No

**Section 3: Promissory Note – To be Completed by Employee and Ministry**

The employee agrees to reimburse the Province for the financial support provided herein if *a* or *b*:

- (a) The employee does not successfully complete her/his course; or
- (b) For any reason the employee ceases to be an employee of Executive Government prior to successful completion of the course

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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