



Staff Professional Development & Training

Procedure No.: CS-HR-4	Council Resolution No.: N/A
Department: Corporate Services	Authority: CAO
Effective Date: January 9, 2012	Revision Date:
Review Date: March 2021	Repealed Date:
Supersedes: Further Education – Financial Assistance Program Policy 92M0128/02	
Related Policy No.: CS-HR-4	
Related Policy Name: Staff Professional Development & Training	

Purpose:

The Staff Professional Development & Training procedure aims to support and assist all employees in working together to enhance the professional development & training of individual staff and thereby enrich the Town of Taber's performance to the community by contributing to the achievement of strategic objectives and goals as established by council.

Operating Guidelines

- 1) It is the responsibility of department managers of service areas to ensure:
 - a. That annual staff planning, development, & training discussions take place with each staff member;
 - b. That each department develops a strategy for staff professional development & training that provides initiative for succession planning;
 - c. That the budgetary resources are available and approval has been sought out for professional development & training purposes;
 - d. Submission of a list of staff professional development & training opportunities that tie to yearly budgetary objectives, listing the name of the employee, description of professional development & training, and projected cost for approval in the budgetary process. The department managers shall submit supporting documentation to both Finance & Human Resources;
 - e. Staff professional development & training must be tied to the annual performance evaluation of the employee in meeting the strategic goals and objectives of the department and the Town of Taber;



- f. Department managers are required to coach and mentor individuals to seek opportunities with regard to continuous learning through the performance evaluation process and document such information for update to the employee file; and
- g. The department manager is responsible to initiate the completion of a "Learning Evaluation Form" (LEF) when required and to provide feedback to employees upon completion of the "LEF".

2) It is the responsibility of individual staff members to:

- a. To develop their knowledge, skills and abilities to enhance their performance in their role within their department;
- b. Use the appropriate performance and development process to discuss development needs with their department manager;
- c. Advise their manager of any professional development & training that provides opportunities to enhance their knowledge, skills and abilities required for their current or future work activity and ties into their performance evaluation objectives;
- d. Provide feedback on the usefulness of staff development & training opportunities;
- e. Provide the supervisor/HR with copies of Certificates of Completion for employee file; and
- f. Provide at the supervisors request a summarized "Learning Evaluation Form (LEF)" outlining what they have learned from any update in professional development and training. The supervisor shall submit the LEF to the Human Resource Manager.

3) Methods of staff professional development and training may be offered in the following formats:

- a. Formal Learning Opportunities
 - i) Professional study (Post-Secondary)
 - ii) Apprenticeships
- b. Regular Learning Process
 - i) Internal training or in-service opportunities
 - ii) E-learning (Webinars)
 - iii) On the job training
 - iv) Seminars / Workshops/Conferences
 - v) Computer-based training (on-line)
 - vi) Undertake a distance learning programme
- c. Informal work based learning process
 - i) Work projects
 - ii) Job rotation
 - iii) Secondments (appointments to another role)
 - iv) Job shadowing
 - v) Task force membership



- d. or a blend of all processes
 - i) Coaching
 - ii) Mentoring
 - iii) Facilitated meetings with external consultants
 - iv) Access to materials/publications
- 4) Academic studies at the pre or post graduate level or apprenticeship may be approved if the qualifications would enhance the employee's work related skills with the Town of Taber.
- 5) The Town of Taber may provide financial assistance to those attending Post-Secondary Education for the purposes of an Apprenticeship, Certificate or Degree.
 - a. Full time permanent employees are eligible to participate in seeking financial assistance up to a maximum of \$5,000 per budget year;
 - b. The Town may provide funding under the departments' budget for staff professional development and training up to \$5000 per participant per budget year:
 - i) The applicant must apply annually prior to September 1st of the current calendar year for courses being taken in the following calendar year;
 - ii) Time off with pay will be considered for attendance to courses, workshops, and examinations if required;
 - iii) To apply the employee must submit an Educational Course Financial Assistance Application form to their department manager; and
 - iv) The employee must complete an Application for Payment of Financial Assistance of Tuition & Other Costs either before taking the course if the assistance is to be paid in advance, or after if the assistance will be a reimbursement. This form is also submitted to their department manager for approval. The following conditions apply:
 - 1. Once approval is obtained the department manager will forward a copy of the approved Application for Payment of Financial Assistance of Tuition & Other Costs to Finance for payment of the funds by the Town of Taber within thirty (30) days;
 - 2. A copy of a diploma, certificate, or confirmation of pass credits must be forwarded to the department manager upon successful completion of the course(s); and
 - 3. Upon successful completion of the course(s), a "Return Service Agreement" must be completed in conjunction with the Financial Assistance and approved by the CAO;
 - i. The "Return Service Agreement" ensures that the Town of Taber receives demonstrated value in intellectual capital from the individual in achieving its strategic goals and objectives.
 - ii. It is therefore required that for every \$250 provided towards educational costs that one month of service



- be completed by the employee to the Town of Taber;
- iii. Should the employee cease to be employed with the Town of Taber prior to completing the Return Service Agreement, the amount shall become due and payable to the Town of Taber in full; and
 - iv. The Town of Taber at its discretion may consider the employment commitment under this clause to be partially fulfilled and accordingly reduce repayment obligations of the employee under the agreement on a pro rata basis.
4. Where an employee is receiving financial assistance from another source, reimbursement by the Town of Taber will be offset accordingly;
 5. Where an employee whose employment has terminated with the Town of Taber prior to successful completion of the course and was intending to apply for reimbursement for the course, no reimbursement for the course shall be made; and
 6. Where an employee whose employment has terminated with the Town of Taber prior to successful completion of the course and was receiving financial assistance in advance, the current advanced amount shall become due and payable to the Town of Taber in full.


CHIEF ADMINISTRATIVE OFFICER


DATE



Staff Professional Development (PD) & Training Requisition (form to be submitted to Human Resources prior to attendance by staff member)

Department:
Name of employee:
Location of PD / Training:
Date / Time Away from work:
Type/Description of (PD) / Training:
Applicability of PD / Training to current work position:
Recommendation/Permission to attend PD/Training: <input type="checkbox"/> Approved <input type="checkbox"/> Refused
Reasons for Approval and / or refusal::
Signature of Manager:
Signature of Employee:

By submitting this form you have agreed and approved this form.



Learning Evaluation Form "LEF" (form to be submitted to Department Manager)

Personal Details	Learning Event
Name:	Title / Topic:
Job Title:	Date:
Team:	Trainer/Facilitator:
	Location:
Department Manager:	Duration:

Please take time to answer the following questions. Some questions may require an answer as a rating from 1 to 5 and others a Yes/No response. Where the question dictates, or where you feel appropriate, please give your honest opinions and comments.

Please mark the following question with:

1 = Unsatisfactory 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

The Event: _____

	Rating	Comments
Overall impression of the event		
Met the training requirements I expected		
The skills and concepts presented were relevant to the job role I will be doing		
Structure of training		
Balance (theory versus practical sessions)		
Quality of supporting documentation		
Was the Trainer / Facilitator effective in their presentation.		

The Trainer / Facilitator Name: _____

	Rating	Comments
Demonstrated a thorough understanding of content		
Knowledge of Subject		
Maintained an appropriate pace for learning		
Presentation skills		
Created a comfortable environment in which to ask questions and express concerns		



Learning Event Evaluation Form continued

Other comments:

1) Did the event meet the objectives as expected by you and your supervisor?
Please comment:

2) What areas of the event did you find the most useful?
Please comment:

3) What areas of the event did you find the least useful?
Please comment:

4) Are there additional subjects, which should be included? Yes / No
Please comment:

5) How did you find the duration of the event?
Too long / just right / too short
Please comment:

6) What did you learn which you can apply within your own job immediately?
Please comment:

7) Would you recommend this course to someone else in your field?
Please comment:

8) Do you have any additional comments?



Educational Course Financial Assistance Application

(To be filled out & approved prior to taking course outline)

Applicant: _____ Date: _____

Course(s) covered by this Application to be taken between January 1st and December 31st, _____. (State 1st, 2nd, 3rd, or 4th year) (Describe the relevance to the Employer)

COST OF COURSE			
Registration/Tuition	\$	Approved Education Materials	\$
Examination	\$	Required Textbooks	\$
Total Cost of the Course			\$

DESCRIPTION OF THE COURSE

Name of the School:	School Address:
Duration of the Course covered by this application?	
Is the course part of a plan to obtain a degree/diploma/designation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the number of years required to complete the degree/diploma/designation? _____ _____	

PERSONAL DATA

Position: _____ Department: _____

Previous course(s) taken under this program associated with the above course:



OTHER

Previous Courses Taken:

Applicant's Formal Education:

Signature:

Date:

Recommended for Approval:

Supervisor

Approved: Yes No

Date:

Chief Administrative Officer

Please forward completed original application to Human Resources



Application For Payment of Financial Assistance for Tuition & other costs

Name

Date

Position

Department

Name of Course

Name of School/Institution

Date Course to Commence

Date Course to be completed

ELIGIBLE FOR ASSISTANCE	
Registration/Tuition	\$
Approved Education Materials	\$
Examination	\$
Required Text Books (only)	\$
G.S.T.	\$
TOTAL	\$

Date

Signature

Please issue a cheque to: _____
Applicant

Date

Department Head



Return Service Agreement made this _____ day of _____, 20

WHEREAS THE TWO PARTIES HEREUNDER BEING:

The Town of Taber
(hereinafter referred to as "The Town")

and

(hereinafter referred to as "The Applicant")

HEREBY AGREE AS FOLLOWS:

1. **THAT** the Town will pay to the applicant the sum of _____ as their reimbursement upon successful completion of the courses taken by the applicant and desire to continue employment with the Employer.
2. **THAT** the Applicant receiving such financial assistance will be required to sign this return service agreement in favor of the Town of Taber to agree and undertake to continue his/her employment in Southern Alberta with Town of Taber for a continuous period of service of _____ months / years commencing on the date in which you were compensated as an applicant from the Town of Taber.
3. **THAT** the Applicant agrees and acknowledges that his/her employment under section (2) is to be in an occupation or field of endeavor which relates to his/her course of studies and is to be otherwise satisfactory to the Employer.
4. **THAT** in the event the Applicant ceases to be associated with the Town of Taber prior to completion of the _____ months / years of service, the reimbursement amount shall thereupon become due and payable to the Town of Taber in full.
5. **THAT** in the event the Employer requires repayment of the financial assistance for failure to maintain employment in accordance with above clause, the Employer may, in its absolute discretion, consider the employment commitment under this clause to be partially fulfilled and accordingly reduce the repayment obligations of the Applicant under this agreement on a pro rata basis.
6. **THAT** the Town of Taber may waive a default of the Return Service Agreement only by written notice to the Applicant and the waiver shall not affect the rights of the Employer with respect to any other default.
7. **THAT** the Applicant agrees and acknowledges that he has the sole obligation to maintain employment with the Employer to fulfill his commitment under this Agreement and that there is no obligation upon the Employer, to maintain any employment position to help fulfill this commitment.



8. On demand following breach of this agreement the undersigned:

_____ of the _____ in the Province of Alberta promises to pay to the Town of Taber, at its offices in Taber, Alberta, the sum of _____ until the full balance has been repaid.

Applicant

Chief Administrative Officer (Seal)

Witness



CANADA)
)
PROVINCE OF ALBERTA)
)
TO WIT)

I,
of the Town of Taber,
in the Province of Alberta,
make Oath and say:

1. **THAT** I was personally present and did see _____
named in the within instrument, who is personally known to me to be the person named
therein, duly sign and execute the same for the purposes named therein;
2. **THAT** the same was executed at the Town of Taber, in the Province of Alberta, and that
I am the subscribing witness thereto;
3. **THAT** I know the said _____ and he/she is in my belief of
the full age of eighteen years.

Sworn before me at the Town of Taber)
in the Province of Alberta,)
this _____ day of _____, A.D. 20_____)

) _____
)
)
)

A Commissioner of Oaths in and for the Province of
Alberta

