

## THE UNIVERSITY OF THE WEST INDIES

## **Human Resource Management Division**

Mona Campus

# APPLICATION FOR ASSISTANCE FROM THE STAFF DEVELOPMENT FUND

#### Applicants will normally only be approved if:

- Course or programme contributes to the achievement of the University's strategic objective/s
- Course or programme is job related
- ❖ Employee is employed full-time for at least (3) three years
- **!** Entry to the programme is approved
- Where necessary, leave have been approved
- Period of appointment covers the length of study
- ❖ A recent Performance Appraisal form is submitted with the application
- ❖ A Bonding Agreement between the University and the applicant have been signed
- ❖ Applicant is academically qualified
- ❖ Applicants' new skills will be utilized on the job

## Priority will be given to applicants whose course/programme contribute to the objectives of the following strategic objectives:

- ❖ The development or enhancement of skills and competencies in key strategic areas where gaps exists across the Campus
- Enhancement and/or development of income generation or cost reduction initiatives
- ❖ Improvement in process efficiency and/or the enhancement of productivity

SECTION ONE: APPLICANT DETAILS							
Employee ID Number:							
Prefix: (Mr., Mrs., Miss Dr.,	, other-specify	)		_			
Last Name:			Fir	st Name	e:	 	
Middle Initial:							
Position Title:			Dep	partmen	ıt:	 	
Summary of Qualifications:_						 	
Email Address:							
Mobile Contact:							
Employment Status: (Tenure	d, Regular, Te	emporary,	FT, PT	etc.)		 	

#### **SECTION TWO: PROGRAMME DETAILS**

<b>2.1</b> Please provide details of the programme/course for which the funding is sought:
Programme title:
Start date:
End date:
Location:
Institution:
Level of the programme:
Summary of the course content of the programme:
<b>2.2</b> What are the objectives of course/programme?
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<b>2.3</b> How will this course assist in the performance of your current responsibilities?
<b>2.4</b> Describe how the course contributes to the achievement of at least one of the strategic objectives identified.

.6 Briefly outline your career goal.						
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#### 3.2 DETAILS OF CONTRIBUTION

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	\$ \$	\$ \$		

	Support from other ex	xternal sources							•	
	TOTAL CONTRIB	UTION								
3	3 Assistance sought from	om the Staff De	velopment F	<sup>7</sup> und			1			
	\$									
3.4	Required time away fi	rom work to att	end program	ime						
3.5	Applicant's signature				Date (mm/	(dd/yy)				
	SECTION 4: EN	DORSEMEN	T BY HEA	AD OF 1	DEPART	MENT				
4.1	I support/ do no appraisal for the			and atta	ch hereto	a copy (	of the l	ast perf	orman	ce
4.2	Rationale for su	pporting/not s	upporting a	pplication	on					
4.3	Comments and	recommendati	ons							
										_
										_

4.4 I support/do not support programme.	leave/time off from work for the applicant to attend the
Name of Head of Department: _	
Head's signature	Date: (mm/dd/yy)
	FOR OFFICIAL USE ONLY
Employee Status	<del></del>
End of Contract (mm/dd/yy)	/
Leave Approval Granted	
Leave Period	
Comments	
Approved	Not Approved
Date: (mm/dd/yy)	