

## EMPLOYEE DEVELOPMENT PROGRAM (EDP) FUNDING REQUEST

This form should be filled out to the best of your ability and submitted to your supervisor prior to registering for any course, training, convention, certification, or other event that requires funding support from Yuit Communications. Employees are expected to share a brief presentation with the larger Yuit team regarding their experience and learnings within 30-days of the event's conclusion.

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### EDP INFORMATION

1. Title of EDP: \_\_\_\_\_

2. Type (circle one):

Training

Convention

Certification  
(Single Course)

Certification  
(Multiple Courses)

Other

3. Date(s) and time(s) of EDP: \_\_\_\_\_

4. Does your participation require travel? Yes  No

a. If yes, please specify the location and dates of required travel: \_\_\_\_\_

5. Does your participation require time off during scheduled workdays: Yes  No

a. If yes and different from 5a, specify the date(s) and time(s) of your unavailability: \_\_\_\_\_

6. Describe how the EDP will benefit your role at Yuit: \_\_\_\_\_

7. Proposed date of presentation to Team Yuit: \_\_\_\_\_

### EDP COST ESTIMATE

Registration ----- \$ \_\_\_\_\_.

Transportation ----- \$ \_\_\_\_\_.

Accommodation ----- \$ \_\_\_\_\_.

Meals ----- \$ \_\_\_\_\_.

Other (specify below) ----- \$ \_\_\_\_\_.

**TOTAL** ----- **\$** \_\_\_\_\_.

If you listed "Other" costs, please specify the items included: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR**

SUPERVISOR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EDP request for funding approved: Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional comments, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_