

LEARNING OPPORTUNITIES FUND APPLICATION

FOR SFU CONTINUING EMPLOYEES REPRESENTED BY CUPE LOCAL 3338

**SUBMIT FORM TO SFU - HUMAN RESOURCES, ROOM 2170, STRAND HALL, BURNABY CAMPUS

EMPLOYEE NAME (print):	EMPLOYEE'S DEPARTMENT:
EMPLOYEE'S WORK TELEPHONE NUMBER:	EMPLOYEE'S ID NUMBER:
EMPLOYEE'S SIGNATURE:	CONTINUING POSITION: YES NO
DATE:	FULL-TIME OR PART-TIME: FT PT _____ hours/biweekly

JOB RELATED COURSE TITLE:	INSTITUTION PROVIDING JOB RELATED COURSE:
DESCRIPTION OF JOB RELATED COURSE:	
DESCRIBE PURPOSE FOR TAKING JOB RELATED COURSE:	

SUPERVISOR'S NAME (print):	DEPARTMENT APPROVAL: YES NO
SUPERVISOR'S WORK TELEPHONE NUMBER:	SUPERVISOR'S SIGNATURE:
DATE:	

AMOUNT REQUESTED:	DATE(S) OF JOB RELATED COURSE:
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**This form must be submitted by the supervisor to Human Resources for authorization prior to registration in the course.*

AMOUNT AUTHORIZED BY HUMAN RESOURCES	APPLICATION REVIEWED BY:
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**Following authorization by Human Resources, copies of this form will be returned to the employee and the supervisor. Following payment for the learning opportunity, the next section of the form must be completed by the supervisor and then the form must be resubmitted to Human Resources with proof of payment.*

DEPARTMENT REQUEST FOR REIMBURSEMENT FOLLOWING PAYMENT:		
_____	_____	_____
Account Number for Transfer	Supervisor's Signature	Date

HUMAN RESOURCES AUTHORIZATION FOR PAYMENT FROM LOF:	
_____	_____
Signature	Date