

Application form for training facilities

Employee number: u

Name and initials:

Employed at (department):

Work e-mail address:

Work telephone number:

Application

This application form contains a supplement to the employment contract.

It is recommended that you discuss the training activity with your supervisor before submitting this form. After discussion, the application form with attachments should be submitted to your supervisor.

The employee declares that he/she wishes to participate in the following training:

Reason for training: Job-oriented Career development

Subject of training:

Training institution:

Address of training institution:

IBAN-no. of training institution:

Duration of training: from: to:

Dates of tests/exams: 1st possibility 2nd 3rd 4th

Estimated costs of:

- Course / participation fee
- Examination fees
- Learning materials (incl. books)
- Travel expenses
- Accommodation expenses
- Total**

Employee

Employee hereby declares that he/she is familiar with the provisions of the Training Facilities Expenses Reimbursement Scheme of Radboud University and agrees to these provisions.

Date: 31-3-2022

Signature:

Add the following attachments:

Course information and information on the costs of the course and the course materials
Information on travel and/or accommodation evidencing the above

State your employee number on all attachments for correct and prompt administrative processing

Supervisor

Have this part filled out by your supervisor

- | | | |
|---|--|-----------------------------|
| Approval of training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reimbursement of job-related training expenses | <input type="checkbox"/> Yes, 100% reimbursement | <input type="checkbox"/> No |
| Reimbursement of career development training expenses | <input type="checkbox"/> Yes, % reimbursement | <input type="checkbox"/> No |
| Reimbursement of travel and accommodation expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training leave for classes, tests and exams | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training leave * | <input type="checkbox"/> Yes, hours per week | <input type="checkbox"/> No |
| Cost centre number | | |
| Conditions for training facilities ** | | |
| Repayment obligation ** | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* See Articles 2 and 3 of the Training Expenses Reimbursement Scheme;

** See Article 4 (1) and (2) of the Training Expenses Reimbursement Scheme;

Name of supervisor

Date:

Signature:

Declaration of approval by authority/budget holder

Date:

Signature:

The supervisor sends the form to the appropriate personnel department for further processing.

Personnel department

Do not fill in this part

Approved by the personnel department

Date:

31-3-2022

Signature: