

County of Wetaskiwin No. 10 Municipal Policy

Department:

Policy No.

12.1 Employee Relations

12.1.14

Title Career Development

1. Policy Statement:

1.1. Council and Administration both agree that training is an integral part of the success of an organization

2. Responsibilities:

2.1. Supervisors:

2.1.1. Shall periodically review the training needs of and communicate those needs to County employees.

2.1.2. Shall approve or reject any submitted training requests, after consideration of training priorities and budgetary constraints.

3. Guidelines:

3.1. This Policy does not include:

3.1.1. Assessment Review Board Training

3.1.2. Subdivision & Development Appeal Board Training

3.1.3. Training directly related to job duties (i.e. Software Training)

3.1.4. Mandatory training (i.e. health and safety courses)

3.1.5. Refresher Courses that may be required in order to maintain specialty certifications

which is determined through the annual budget process.

3.2. The outcome of training is competency development.

3.3. All requests for training shall be submitted on the designated form (attached to this Policy) to the CAO for approval.

3.4. Costs of approved training courses shall be paid for by the County as follows:

3.4.1. Tuition and/or registration costs for a course shall be reimbursed

3.4.2. All other expense claims shall be dealt with as per Subsistence and Travel Policy 12.2.7

3.5. If the Course falls on a regularly scheduled workday, the employee shall be given time off to attend the course with pay.

3.6. No time or pay, outside the Subsistence and Travel Policy, shall be granted for travelling to a course or attending a course that is not during regularly scheduled work hours.

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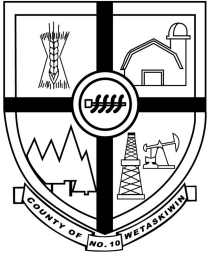
3.7. This Policy does not cover training for career advancement or completion of required education.

4. **Definitions:** are created and maintained in the Definition Index.

5. **Related Documents:**

5.1. Policy Directive (Request for Training Form)

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County of Wetaskiwin No. 10
Policy Directive

Title Career Development

REQUEST FOR TRAINING

EMPLOYEE: _____

DEPARTMENT: _____

NAME OF COURSE: _____

FACILITATOR: _____

DATE(S) OF COURSE: _____

TIME(S) OF COURSE: _____

LOCATION OF COURSE: _____

ESTIMATED COSTS: Course Fees _____

Mileage _____

Meals _____

Hotels _____

TOTAL ESTIMATED COSTS: _____

ASSIGN EXPENSES TO DEPARTMENT: (ie ASB) _____

DAYS AWAY WITH PAY: _____

EMPLOYEE SIGNATURE

DATE

Request: Approved _____

Denied _____

If denied, outline reasons:

Approval Conditions:

Overnight Accommodation? Yes _____ No. nights _____ n/a _____

SUPERVISOR

DATE

CAO

DATE

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