

Fields in **red** are mandatory
An incomplete form will be returned

1. Personal Information	
Name :	Employee number :
Job title :	
Immediate supervisor :	
Email or phone number :	

2. Training Information	
Title of training :	
Pedagogical format :	
Date :	Duration (hrs.):
Training organization :	
Location :	

3. Estimation of training costs		
<i>If you are unable to estimate de cost, write "0 "</i>		
Nature of costs	Total	Notes
Registration fees		
Total distance in KM (#)	X 0,43\$	
Public transportation		
Parking		
Accommodations		
Meals		
Educational material		
Other (specify)		
Grand total		

Signature of employee	Signature of immediate supervisor	Date
-----------------------	-----------------------------------	------

If the training is taking place outside of the greater Montreal area, the director or assistant director must sign.	Signature of director/ assistant director
---	---

<p>Following approval:</p> <p>Register for your training activity and pay the associated fees.</p> <p>In order for your reimbursement to be processed properly, the following documents must be sent to the Organizational Development and Training Department and the Payroll Department:</p> <ul style="list-style-type: none"> Signed training request Training plan or advertising leaflet of the training activity Proof of registration and payment <p>Please send them by email to formation.ccomtl@ssss.gouv.qc.ca and to compte.depense.ccomtl@ssss.gouv.qc.ca</p> <p><i>* Please note that this form does not apply to employees of the Nursing Directorate of the Jewish General Hospital and APTS unionized employees of the Jewish General Hospital.</i></p>
--