



APPENDIX A

LEARNING AGREEMENT

Position Title: _____
Position Number: _____
Department: _____
Community: _____
Region: _____
Training Period: _____

Purpose of Learning Agreement:

To ensure that all parties involved in the learning experience understand and comply with the roles and responsibilities outlined in this agreement.

Roles and Responsibilities

The Employee agrees to:


- Participate in the development of their learning plan.
- Take responsibility for gaining the competencies required for the target position.
- Demonstrate commitment to training and work responsibilities.
- Attend and complete any formal training sessions that have been approved.
- Look for opportunities to transfer skills developed during training to the workplace.
- Discuss and resolve any problems as they arise with his/her Supervisor.
- Complete training progress reports, set learning objectives, and modify training plan as required.

Employee's Signature: _____	Date: _____
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The Supervisor (or Designated Trainer) Agrees to:

- Actively participate in the learning plan development.
- Facilitate opportunities for his/her employee to gain and apply new skills within Division and Department.
- Acknowledge training milestones and accomplishments.
- Maintain regular, in-person contact with his/her employee.
- Provide continuous feedback and regular employee progress evaluations.
- Document performance issues and (if necessary) initiate the GN discipline process if problems persist.
- Ensure a supportive and culturally appropriate learning environment.

Supervisor's Signature: _____	Date: _____
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The Department Agrees to:

- Assist in the development of a safe, encouraging and positive environment for the employee with his/her co-workers.
- Ensure proper paperwork is filed with the Human Resources Practitioner in a timely manner.
- Ensure support of Senior Management in the development of the employee through encouraging, communicating, and positive role-modeling.

Deputy Minister's Signature:	Date:
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APPENDIX B

GOVERNMENT OF NUNAVUT

REQUEST FOR DESIGNATED TRAINER ALLOWANCE

DEPARTMENT:	FINANCE CODE: DO NOT ENTER
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PART 1- TO BE COMPLETED BY MANAGER/SUPERVISOR OF DESIGNATED TRAINER

<input type="checkbox"/> NEW DESIGNATED TRAINER ALLOWANCE	FROM			TO		
	YYYY	MM	DD	YYYY	MM	DD
<input type="checkbox"/> EXTENSION OF DESIGNATED TRAINER ALLOWANCE						

TO BE COMPLETED BY IMMEDIATE SUPERVISOR

EMPLOYEE TO RECEIVE ALLOWANCE		EMPLOYEE BEING TRAINED	
NAME	NEU/EXC/SM	EMPLOYEE NAME	
POSITION #	TITLE	NEU/EXC	TITLE
PAY LEVEL	LOCATION HQ <input type="checkbox"/> REGIONAL <input type="checkbox"/>	PAY LEVEL	LOCATION
EXPLANATION/COMMENTS (use separate sheet if needed):			
DESIGNATED TRAINER SIGNATURE		DATE	
EMPLOYEE BEING TRAINED SIGNATURE		DATE	



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PART 2- TO BE COMPLETED BY DELEGATED SIGNING AUTHORITY

I have verified that the job description of the employee listed above does not have "training employees" listed as a job duty.

I concur with the Designated Traineeship as described.

MANAGER/SUPERVISOR SIGNATURE OF
DESIGNATED TRAINER

DATE

PART 3- TO BE VERIFIED BY THE DEPARTMENT OF HUMAN RESOURCES

I approve the above Designated Traineeship and confirm that a learning plan has been developed.

AUTHORIZED TRAINING & DEVELOPMENT
CONSULTANT

DATE

PART 4 – TO BE VERIFIED BY DEPARTMENT OF FINANCE - SALARY ADJUSTMENT: \$200.00 PER MONTH.

Allowance Confirmed:

PAYROLL OFFICER

DATE



APPENDIX C

Sample Learning Plan (blank)

IMMEDIATE LEARNING NEEDS								
Competencies	Learning Objective	Learning Method	Investment time & Tangible Costs	Measure of Success	Evaluator	Initials	Date of Completion	Comments
			Employer			Trainer		Trainer
			Trainee			Trainee		Trainee
			Employer			Trainer		Trainer
			Trainee			Trainee		Trainee
			Employer			Trainer		Trainer
			Trainee			Trainee		Trainee
LONG TERM LEARNING NEEDS								
Competencies	Learning Objective	Learning Method	Investment time & Tangible Costs	Measure of Success	Evaluator	Initials	Date of Completion	Comments
			Employer			Trainer		Trainer
			Trainee			Trainee		Trainee
			Employer			Trainer		Trainer
			Trainee			Trainee		Trainee
Designated Trainer	Signature		Date	Employee Being Trained	Signature		Date	