	EMPLOYEE RETENTION Trainer's Allowance	Human Resources Manual Section 315
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TRAINER'S ALLOWANCE

PURPOSE


1. The employer recognizes on-the-job training as an effective means of supporting employee development and values the contribution of employees who are responsible for providing such training.
2. The employer pays a trainer's allowance of five hundred dollars (\$500.00) per month or portion thereof effective date of signing for the period of the training to employees who are required to provide on-the-job training to an employee for a specified period of time as part of a formalized training program.

APPLICATION

3. These guidelines and procedures apply to Nunavut Employees' Union (NEU) and Excluded employees who are not assigned training duties as part of their job descriptions.

DEFINITIONS

4. **Designated Trainer** a Government of Nunavut employee with organizational awareness and job-specific knowledge and skills that is selected by the employer and agrees to provide on-the-job training to a trainee.
5. **Formalized Training Program** a structured or mandated on-the-job training program, such as an internship or traineeship, in which there is a comprehensive learning plan developed and an ongoing evaluation of trainee's progress.
6. **Job Shadowing** observing someone who is doing the job already to learn specific systems, processes and/or day-to-day operational requirements or specific job functions (i.e. "showing the ropes" to an employee).
7. **Learning Agreement** a document that outlines the duration of the training period and the roles and responsibilities of the designated trainer, trainee and supervisor involved in the formalized training program (see Appendix A).
8. **Learning Plan** a documented process of identifying learning needs, choosing a learning goal, identifying actions the employee and department


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need to take to achieve the goal, determining how progress toward goal attainment will be measured, and establishing a timetable for the learning.

9. **Trainee** a Government of Nunavut employee who agrees to acquire job-specific knowledge and skills through a formalized training program.

PROVISIONS

10. The Request for Trainer's Allowance (see Appendix B) can be initiated once the trainee's learning plan and the learning agreement have been completed and signed off.
11. Part 1 and 2 of the Request for Trainer's Allowance form must be completed and forwarded to the Department of Human Resources for verification by a Training and Development consultant. Signed copies of the learning plan and learning agreement must also be attached to the form.
12. The Training and Development consultant will sign off Part 3 of the Request for Trainer's Allowance form and forward to the Department of Finance (payroll) for processing.
13. It is the responsibility of the supervisor to initiate a new Request for Trainer's allowance if the training period is extended.
14. It is the responsibility of the supervisor to notify payroll if the trainer is no longer eligible for the allowance (i.e. resigns, is no longer providing training support to the trainee)
15. The trainer's allowance does not apply to job shadowing.
16. The training period must be for a minimum of one week (5 consecutive working days).

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AUTHORITIES AND REFERENCES

17. Main Collective Agreement with the NEU
Article 24.12 – Trainer's Allowance
18. Excluded Employees' Handbook
Training Allowance

CONTACTS

19. For further information or clarification please contact:

**Director Training and Development
Department of Human Resources
Iqaluit, Nunavut**



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 A



**EMPLOYEE RETENTION
Trainer's Allowance**

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GOVERNMENT OF NUNAVUT

REQUEST FOR DESIGNATED TRAINER ALLOWANCE

DEPARTMENT:

FINANCE CODE: DO NOT ENTER

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	
SIN	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:				
_____ DESIGNATED TRAINER SIGNATURE			_____ DATE	
_____ EMPLOYEE BEING TRAINED SIGNATURE			_____ DATE	

PART 2- TO BE COMPLETED BY DELEGATED SIGNING AUTHORITY

I concur with the above Designated Traineeship

**MANAGER/SUPERVISOR SIGNATURE OF
DESIGNATED TRAINER**

DATE

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

I concur with 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 B