



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
PROFESSIONAL DEVELOPMENT INITIATIVE 2018.19
PDI Appendix C Forms - Request For International Travel**

Purpose of Travel:	Education - Professional Development Initiative (PDI)
Employee Statement:	I, the applicant, understand that I may claim up to the maximum PDI funding available to my position. Expenses exceeding this amount will not be reimbursed through additional PDI funds.
Applicant:	Printed: _____ Signature: _____ Date: _____
Destination:	
Activity/Travel Dates:	Activity Dates: _____ Travel Dates: _____
Activity Description:	
Estimated Expenditures:	Travel Costs: _____ Tuition: _____
PDI Office entry: Budgeted Funds	\$ _____

I certify that the following criteria have been met:

- ✓ Activity is identified in the employee's learning plan.
- ✓ Employee has not travelled on PDI International Travel in the previous fiscal.
- ✓ The opportunity or similar is not offered within Canada and is within Continental North America.
- ✓ Reasonable effort has been made to locate the opportunity or similar in Canada.
- ✓ Rationale has been provided stating why the course is unique; why it is not available in Canada; how it meets the applicant's identified learning needs and the benefits to both the employee and employing department.

Required Approval -

HSS Outside NWT / Canada Travel Authorization (Department of HSS Employees)

NTHSSA Outside NWT / Canada Travel Authorization (NTHSSA Employees)