**TIME OFF FOR TRAINING POLICY**

**PURPOSE**

[EMPLOYER’S NAME] is committed to developing the skills of its employees and recognizes that training can benefit both [EMPLOYER’S NAME]’s organization and its staff. Employees should receive training appropriate to their role, subject to business needs, operational priorities, and budgetary considerations. Eligible employees have the right to request time off work for study or training under applicable U.S. labor laws. The purpose of this policy is to provide a framework for considering such requests.

No employee who requests time off under this policy will face any retaliation, adverse treatment, or loss of career opportunities as a result.

This policy does not form part of any employment contract or other agreement, and we may amend it at any time to meet organizational or legal requirements.

This policy complies with applicable Rhode Island state laws and regulations concerning employee training and development, ensuring adherence to all relevant legal requirements.

**POLICY APPLICABILITY**

This policy applies to specific categories of employees and does not extend to agency workers, consultants, self-employed contractors, volunteers, or interns.

Some employees under the age of 18 may be subject to special laws regarding education and training and may not be covered by this policy, depending on their age and qualifications. For more information on training opportunities for young employees, please contact [your manager OR the HR Department].

**POLICY MANAGEMENT**

[The [board of directors (the Board) OR [COMMITTEE] OR [POSITION]] holds overall responsibility for the effective operation of this policy. Oversight of its implementation has been delegated to [the Head of the HR Department OR [POSITION]]. Any suggestions for changes to this policy should be directed to [the Head of the HR Department OR [POSITION]].]

[Any day-to-day questions regarding the application of this policy should be addressed to [your line manager OR the HR Department] as the first point of contact.]

[This policy undergoes an annual review conducted by [the Head of the HR Department OR [POSITION]] [in collaboration with [NAME OF UNION, WORKS COUNCIL, OR STAFF ASSOCIATION]].]

**ELIGIBILITY TO MAKE A REQUEST**

To be eligible to submit a formal request under this policy, you must meet the following criteria:

* Be a current employee.
* Have worked with us continuously for at least 26 weeks as of the date of your request.
* Have not made a formal request under this policy in the past 12 months.

We will disregard a request made within the last 12 months in these situations:

* If the prior request was approved, but the training was canceled or you were unable to start due to unforeseen circumstances beyond your control.
* If you withdrew the earlier request because it was deemed invalid.

**COVERED TRAINING**

This policy applies to any type of study or training, regardless of how or where it takes place. Examples include:

* Training provided in the workplace.
* One-day training courses from external providers.
* Part-time college courses.
* Online training modules (e-learning).
* Distance learning courses.

The study or training does not need to result in a formal qualification. However, it must meet the following criteria:

* It is aimed at improving your effectiveness at work.
* It contributes to improving the overall performance of our organization.

**MAKING AN INFORMAL TRAINING REQUEST**

If you wish to pursue training relevant to your role, you should initially discuss the matter informally with [your manager OR the HR Department].

**MAKING A FORMAL TRAINING REQUEST**

To make a formal request for time off to train under this policy, provide a written submission to [your manager OR the HR Department] that includes:

* A clear statement that the request is made under this policy.
* The date of your request.
* Details of the study or training, including the subject matter, location, timing, and provider or supervisor.
* The qualification (if applicable) that the study or training would lead to.
* An explanation of how the study or training would enhance your effectiveness at work.
* An explanation of how the study or training would improve the performance of the business.
* Details of any previous applications made under this policy within the last 12 months, including the date and method of submission.

If your request is approved without a meeting, we will confirm this in writing and include the information outlined above.

We may treat your request as withdrawn if:

* You notify us of your decision to withdraw the request.
* You fail to attend two scheduled meetings under this policy without a valid reason.
* You refuse to provide necessary information for us to evaluate your request.

In such cases, [your manager OR the HR Department] will confirm the withdrawal in writing. Normally, you would not be able to submit another formal request for 12 months from the date of the original submission.

**DISCUSSION OF THE REQUEST**

[Your manager OR the HR Department] will schedule a meeting to discuss your request, typically within 28 days of receiving it, unless a longer timeframe is agreed in writing or your request is approved without a meeting. An HR representative may also attend.

If the individual responsible for the meeting is unavailable due to leave or illness, the meeting will take place within 28 days of their return or within eight weeks of the request, whichever is sooner. If needed, contact the HR Department to appoint another person to conduct the meeting.

The purpose of the meeting is to review your request and consider any alternatives, if applicable.

You are entitled to bring a colleague to the meeting as a companion. Your companion may speak during the meeting, provide support, and confer with you privately, but they should not answer questions on your behalf.

If your chosen companion is unavailable at the scheduled time, notify [your manager OR the HR Department] to reschedule. If a new date cannot be set within seven days, we may ask you to select a different companion or attend alone.

A written decision regarding your request will be provided within 14 days of the meeting unless a longer timeframe has been agreed in writing.

**APPROVAL OF YOUR REQUEST**

If your request is approved, either fully or partially, we will provide you with a written, dated notice that includes:

* Details of the part(s) of your request that are approved.
* For any part(s) not approved, the reasons why.
* The subject of the approved study or training.
* The location and schedule of the study or training.
* The individual or organization providing or supervising it.
* Any qualifications (if applicable) the study or training will lead to.
* Adjustments to your work hours, if necessary, to accommodate the study or training.
* Information on whether you will be paid during the study or training.
* Details of how tuition fees or other direct costs will be handled.

In some cases, we may suggest alternatives, such as different courses, schedules, or locations, which may be discussed during or after the meeting. Any agreed-upon changes will be documented in the written decision. You will be asked to sign and return a copy of the notice to confirm your agreement.

Compensation and cost coverage

We are not required to compensate you for time off related to study or training requested under this policy, except where necessary to comply with minimum wage laws. However, in some cases, we may agree to pay for some or all of the time off.

Similarly, we are not obligated to cover costs associated with study or training, such as tuition or travel expenses, but may choose to contribute to these costs in certain cases.

**DENIAL OF YOUR REQUEST**

If we are unable to approve all or part of your request, we will provide you with a written notice that includes:

* Details of the portion of your request that is being denied.
* Information for any approved portion.
* The specific reason(s) for rejection, selected from the list below, and an explanation of why they apply.
* Information about the appeal procedure.

Reasons for denial

We may deny your request based on one or more of the following reasons:

* The proposed study or training is not likely to improve your effectiveness at work or the performance of the business.
* The financial burden of additional costs.
* A negative impact on the ability to meet customer demand.
* Difficulty reorganizing work among existing staff.
* Challenges in recruiting additional staff.
* A negative impact on quality or performance.
* Insufficient work during the proposed periods for training.
* Planned structural changes within the business.
* Any future reasons outlined by government regulations.

This ensures that decisions are made fairly, with the needs of the business and operational considerations in mind.

**APPEAL PROCESS**

If your request is denied in full or in part, you have the right to appeal the decision.

Submit your appeal in writing within 14 days of receiving our written decision. Include:

* The date of the appeal.
* The grounds for your appeal.
* Address the appeal to the HR Department.

In certain cases, we may uphold your appeal without a meeting. If a meeting is necessary, the HR Department will arrange it within 14 days of receiving your appeal unless a longer time frame is agreed upon. You may bring a colleague as a companion.

The appeal meeting will be conducted by a manager senior to the individual who made the initial decision. [Your line manager and a member of the HR Department may also attend.]

We will notify you in writing of the appeal outcome within 14 days of the meeting unless a longer time frame is agreed upon.

Appeal outcomes

If your appeal is upheld, we will provide written confirmation, including the details listed above.

If your appeal is rejected, we will explain the reasons for the decision in writing.

The appeal decision is final, and you may not submit another formal request under this policy until 12 months have passed from the date of your original request.

**CHANGES TO AGREED STUDY AND TRAINING**

You must notify us in writing immediately if:

* You are unable to start the agreed study or training for any reason, such as cancellation.
* You are unable to complete the agreed study or training.
* You wish to undertake a different course of study or training.

Additionally, inform us as soon as you become aware of any changes to the agreed study or training, including adjustments to the timing or content of the course.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date