



Nunatsiavut Government – EDUCATION DIVISION

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Commuting Allowance Request Form

Student Name: _____

Student #: _____

Institution: _____

Program: _____

Street address while in training: _____

Institution Street Address: _____

Email: _____

Phone #: _____

This is to confirm that I will be commuting a minimum of 15km each way per day from my place of residence to my institution to attend training or an alternate location for a required work term. I have attached a copy of my schedule for this semester:

- Fall Semester
 - Winter Semester
 - Spring Semester
 - Intersession
 - Summer Semester
 - Work Term
 - Other
- Start: _____ End: _____

Supporting Documents Attached (check all that apply):

- Current Class Schedule
- Documentation from institution for any required classes not included on _____ class schedule

*Signature: _____

Date: _____

Reminder: To avail of the commuting support for full duration of your training, please submit a new commuting form **each semester** with a copy of your schedule. Commuting support will **not** be continued until a new schedule has been submitted each semester. It is also your responsibility to notify the administering office if you move, then a new Commuting Request Form would have to be submitted.

For Office Use Only:

Attached documentation from Google Maps of confirmation of distance Initials: _____

Attached copy of semester schedule is attached: Yes No

Approved: Yes No Claim form attached: Yes No

Amount Approved: _____ Dates covered From: _____ to: _____

Approved by: _____ Date: _____

Entered by: _____ Date: _____

Funding Allocation: PSSSP ISETP (EI CRF) IPSE

Revised June 2024