



Health Development and Training Fund



Individual Application for Funding

Incomplete applications will "NOT" be processed

Send To: Cathy MacKinnon cmackinnon@peiupse.ca

UPSE Health Development and Training Fund

4 Enman Crescent, Charlottetown PE C1E1E6

Phone: (902) 892-5335

Fax: (902) 569-8186

****Photocopy of workshop/seminar/course information including costs must be included with application.**

Workshop/training requested: _____

Location of workshop/training: _____

Date(s) of workshop/training: _____

Pre-registration deadline (If applicable): _____

1. Name:	Employee no.:
Home address:	
Town/city:	Postal Code:
E-mail:	Home Telephone no.:
Worksite:	Work Telephone no.:

2. Worksite Unit/Department: _____

3. Present position: _____ Permanent Temporary Probationary

4. Explain your reason(s) for requesting the workshop/training : _____

5. Have you received funding from the UPSE Development and Training Fund for:

this fiscal year (April 1 - March 31) Yes No Receipts submitted Yes No

previous year Yes No Receipts submitted Yes No

If yes, indicate workshop(s)/seminar/course, date(s) attended:

6. Is this application consistent with your Performance Development Plan goals? _____

7. Have you received and/or applied for financial assistance from any other source(s) for this specific workshop/training (including contributions from yourself, i.e., vacation, statutory holidays)?

Yes No

If yes, indicate amount and source(s) of this financial support:

Amount: _____ Source(s): _____

8. List the amount of financial assistance requested:

REGISTRATION/TUITION COSTS

Registration/tuition fee _____

Total direct costs: _____

Estimated salary replacement costs: _____

Minus other funding received: _____

Total amount requested: _____

**If this section is "NOT" filled out correctly,
Salary Replacement will "NOT" be approved**

Salary Replacement Costs: Maximum 15 hours per fiscal year

Were you OR will you be replaced? Yes (If yes, manager must complete section below)

No

Salary Replacement Cost:

Total # of hours _____ X (hourly rate) _____ = (Salary) _____

(Do not include benefits)

Date(s) to be replaced _____

Manager's Signature: _____ Phone #: _____

(Maximum of up to \$1,500 of funding per individual per fiscal year – includes registration fees and/or tuition costs and up to 15 hrs. of salary replacement costs)

- 1) Applications must be completed in full.
- 2) Applicants must submit proof of registration costs and course information.
- 3) **All receipts must be submitted to the UPSE office no later than 10 days following the workshop/seminar or start date of course.**
- 4) Applications shall be submitted no earlier than 60 days prior to commencement of the course/workshop, or the pre-registration deadline. Applications will be processed on an ongoing basis.
- 5) If approved for funding, it is your responsibility to notify your manager and complete a leave form. The employee must keep a record of the funding received throughout the fiscal year.
- 6) If workshop/seminar/course is cancelled or you do not attend, all funding must be returned to the UPSE office immediately.

Signature of applicant: _____ **Date:** _____