



Health Development and Training Fund



Individual Application for Funding

Incomplete applications will "NOT" be processed

Send To: UPSE Office - peiupse@peiupse.ca

UPSE Health Development & Training Fund
4 Enman Crescent
Charlottetown, PE C1E 1E6
Ph: 902-892-5335 F: 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.:

- Worksite Unit/Department: _____
- Present position: _____ Permanent Temporary Probationary
- Explain your reason(s) for requesting the workshop/training :
- Have you received funding from the UPSE Development and Training Fund for:

this fiscal year (April 1 - March 31)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
previous year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Is this application consistent with your Performance Development Plan goals? _____
- 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)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 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:	_____

<p>If this section is "NOT" filled out correctly, Salary Replacement will "NOT" be approved Salary Replacement Costs: Maximum 15 hours per fiscal year</p>

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:** _____