



# UPSE Health Development and Training Fund Application Form



Please refer to the PEI UPSE Website (under Development and Training) for the complete policy and guidelines.

Submit Applications to the UPSE Office 4 Enman Crescent, Charlottetown, PE C1E 1E6 or email [mbruce@peiupse.ca](mailto:mbruce@peiupse.ca) or fax to (902) 569-8186.

All inquiries may be directed to Melissa Bruce, Fund Administrator at (902) 892-5335.

## Applicant Information

Name:	Employee #:
<b>Home Address:</b> Street Name:	
Town/City:	Postal Code
Email:	Phone:

Worksite/Department:
Current Position:
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Casual <input type="checkbox"/> Leave of Absence

## Course/Conference/Training Request

Not eligible: Fees (Professional dues, membership fees, student fees, exam fees), Travel expenses, Course materials

<b>Title:</b>	
<b>Location:</b>	
<b>Date(s):</b>	
<b>Pre-registration Deadline:</b>	

<b>Total Direct Cost:</b>	
<b>Estimated Salary Replacement Cost:</b>	
<b>Less Other Funding</b> (see Question.#3):	
<b>TOTAL AMOUNT REQUESTED:</b>	

Fund Administrator: \_\_\_\_\_ Active \_\_\_\_\_ Application Complete \_\_\_\_\_ Receipt \_\_\_\_\_ Unionware \_\_\_\_\_ Emailed

1. Have you received funding from the UPSE Health Development and Training Fund?

Current Fiscal Year (April 1 – March 31)? \_\_\_\_\_ Receipts Submitted? \_\_\_\_\_  
Previous Fiscal Year(s)? \_\_\_\_\_ Receipts Submitted? \_\_\_\_\_

2. Is this application consistent with your Performance Development Plan goals? \_\_\_\_\_

3. Have you received and/or applied for financial assistance from any other source(s) for this specific request (including contributions from yourself, i.e., vacation, stat leave, financial aid)? \_\_\_\_\_

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

Amount: \_\_\_\_\_ Source(s): \_\_\_\_\_

**Salary Replacement is covered only if you were/are being replaced for the purpose of attending a course/conference/training. If so, this section must be filled out completely. (Maximum 15 hours per fiscal year)**

Will you be OR were you replaced for this request?  NO  YES

**If YES, your manager MUST complete the section below**

**Salary Replacement Cost**

Total # of hours \_\_\_\_\_ x \$ \_\_\_\_\_ (hourly rate) = \_\_\_\_\_ (*Do not include benefits*)

Date(s) to be replaced: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Checklist**

- Application completed in full
- Official description/background information of course/conference/workshop provided
- Official Confirmation of cost
- Official Receipt of Payment (MUST be submitted within 10 days following the conference/workshop or start of the course)

If the course/conference/workshop is cancelled or you do not attend, all funding must be returned to the UPSE Office. Maximum of up to \$1,500 of funding per person per fiscal year (this includes course/conference/workshop fees and up to 15 hours of salary replacement costs).

**APPLICANTS SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_