

PLEASE DO NOT STAPLE PAPERS
Revised December 2009

Application for Funding Assistance for CUPE Employees Only – (Revised December 2009)
APPLICANTS MUST BELONG TO ONE OF THE FOLLOW LOCALS:
LOCAL 5999, 4777, 3967, 4980 or 5111

Regional Health Authority: _____

Facility/Agency: _____

Employee Name (your name): _____

Employee's Current Classification (job title) : _____

Local CUPE Union # _____ (5999, 4777, 3967, 4980 or 5111)

Reason for Application: (Program Title, Not Module Title) Please check one

_____ Education- Name of Program _____

_____ Relocation- Reason for relocation _____

Have you received **any other** funding for this program/course? Yes _____ No _____

(Do **not** include monies that you have received from the PES Committee or student loans.)

If you answer yes, indicate amount received and from whom: \$ _____

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER – (as the Employer you are verifying the following information, please answer all questions.)

Has this Employee received funding from their Regional Health Authority for this course? Yes _____ No _____

If you answer yes, indicate amount received: \$ _____

- Is this Employee a CUPE member and affiliated with CUPE Health Care Council? Yes____ No____
- Is this education a benefit to the Regional Health Authority? Yes____ No____
If no, why not? _____
- Employee's Hire Date was _____

Employer Signature (must be OOS)

Date

Telephone

Make cheque payable to: _____

(Include your name and address) _____

AMOUNT OF REQUEST: \$ _____ (amount of receipts attached)

Employee Signature

Date

Telephone

SEND COMPLETED FORM TO:

Laurie Appel

ATT: Provincial Employment Strategy Committee

Box 1993

Esterhazy, SK S0A 0X0

PHONE: 745-3508 FAX: 745-3516

Applicants must be a Saskatchewan CUPE Health Care Worker from Locals 4777, 5111, 5999, 4980 or 3967. Applications must be received no later than eighteen (18) months from the date on the receipt.

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RETURN FOR SERVICE AGREEMENT

An employee who is provided funding through Provincial Employment Strategy Committee will be required to enter into a return for service contract with the Employment Strategy Committee to remain in a CUPE Regional Health Authority within Saskatchewan for a period of up to 48 months. The length of time that you will commit to will be in accordance with the amount funded, see chart below:

Amount Funded	Length of Service Agreement
Up to \$500.00.....	3 months
\$501.00-\$1,000.00.....	6 months
\$1,001.00-\$3,500.00.....	24 months
Greater than \$3,500.00.....	48 months

The Return for Service agreement commences the date on the certificate for the program funded.
If the employee terminates from a CUPE Health Region in Saskatchewan and is not reemployed in another CUPE Health Region before the end of their service commitment, the bursary must be repaid at a pro-rated level based on the length of service time remaining.

Funding that has been received as relocation assistance shall follow the Return for Service Agreement as set out below:

Assistance Provided	Length of Service Agreement
Under \$1,000.00	6 months
Over \$1,000.00	12 months

****Please check one. ****

Funding is for Education Assistance _____	Funding is for Relocation Assistance _____
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In consideration of monies paid to me by the Provincial Employment Strategy Committee I agree to remain working in Saskatchewan within a CUPE Bargaining Unit for the service agreement period as set out above, based on full time service hours. The term of this agreement would commence on the date that the course is completed. I agree to be available for up to full time work for the term of this contract. In the event I terminate my employment prior to fulfilling the commitment, I agree to repay the foregoing amount on a pro-rated basis.

_____ CUPE APPLICANT'S SIGNATURE:	_____ DATE
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Applicant signature signifies that they are a CUPE member working within Local's 5999, 4777, 3967, 4980 or 5111

PROMISSORY NOTE

(This form only needs to accompany your original application)

I (print) _____ agree to re-pay any monies funded to me by the Provincial Employment Strategy Committee in the event that I do not successfully complete the program for which I was funded. I agree to provide the Committee with proof of completion of course (i.e. photocopy of certificate or transcript of marks). The Return for Service agreement commences the date on the certificate for the program funded.

Address: _____

EMAIL: _____

(email addresses will be used when additional information is required, please print)

Phone: _____ (home)
_____ (work)

Place of Employment: _____

APPLICANT'S SIGNATURE

DATE

Applicant signature signifies that they are a CUPE member working within Local's 5999, 4777, 3967, 4980 or 5111

Guidelines and FAQ for Completing the Provincial Employment Strategy Committee Application for Funding Assistance Forms

- To apply for funding for a course and/or related relocation you must **complete** the above 3 forms and include **photo copies** of receipts (must be a receipt from the institution, **not** a credit card receipt). Your supervisor (Out Of Scope) must complete the Employer section of the Application page.
- The Return for Service agreement commences the date on the certificate.
- You do not need to have completed your course prior to completing the 3 page Application package; you may apply as soon as you receive receipts for tuition and books. For example, if you have paid for 3 Continuing Care Assistant modules for a total of \$851.12, you may apply for this amount as soon as you receive your receipts for tuition and books.
- When completing the section asking **“have you have received any other funding for this program”**, you don't include what you have received from the PESC, we will track that amount.
- Applications for **relocation reimbursement** up to \$2,000 will be considered where relocation of a primary residence is required to complete a training program approved by the committee, or where relocation to another CUPE jurisdiction is required as a result of a layoff
- Once you have submitted the complete 3 page application package and are approved for funding, you may make additional applications for the same course. You may apply as often as you have new receipts for your course. When you receive new receipts, complete **only** the Application for Funding Assistance page and attach photo copies of receipts.
- How do I know how much I am eligible to receive?
You are eligible to receive up to \$3,500.00 per full time year of studies. The maximum being \$7,000.00 for a two year course (based on full time studies)
- Do I have to go to school full time to be considered? *No, you can take your course by distance, when we use the term “full time studies” it is just a base to determine funding maximums for each course. For example the Continuing Care Aides is a one year course if taken full time so you would be eligible for up to \$3,500 where as the License Practical Nurse is a 2 year course if taken full time, so you would be eligible to receive up to \$7,000.*
- Once you begin receiving funding you are required to successfully complete the course or repay the funding received from the PES Committee

To be considered you must:

- **Have all 3 forms (the Return for Service Agreement, the Promissory Note and the Application form) included in your first application; if all information is not included, or you have missed filling out a section, your application will be mailed back to you requesting you complete the missing information.**
- **Include photo copies of receipts not older than 18 months; be sure that the date, your name and the amount are clear.**
- **Use the newest forms available (they will state revised December 2009 at the top of the application)**
- **In accordance with the Promissory Note you must provide proof of completion of the course, or you will be required to repay the amount you were funded. A fax of the certificate or the letter from the institution stating you have successfully completed the course is adequate.**
- **If you have any questions, please call Laurie at 306-745-3508 before you send your application.**
- **You can fax your application and receipts in to 306-745-3516. Please only fax the 3 forms and receipts. Be sure that the date, your name and the amount are clear. If course descriptions or any other information is required, it will request it.**
- **The Provincial Employment Strategy Committee will review funding for courses that are more than two years in duration (based on full time studies).**
- **Double check to make sure every line is completed correctly. A missed signature or hire date will require that we return your application to you.**