## Funding Effective December 1, 2020

## Maximum Funding - \$1,500 - 1-year program; \$3,000 - 2-year program

(Form Revised January 18, 2023)

Application for Provincial En  Applicants must belong to CUPE L	. ,	•	
Application most scioning to COT 2.2		- #4, Sunrise - #5	a "z, rtogina ga rippone "
Facility/ Agency and Region number	•		
Employee's Full Name (your name)	:		
	First Name	Middle Name	Last Name
Employee's Current Classification	(current job title):		
Reason for Application: (For Educa	ation- Indicate the pr	ogram title [ie, LPN, CCA, e	tc])
Education - Program Name _			
Module/ Upgrade – Class/Cou	rse Name		
Other			
Have you received any other fundi	ng for this program/	course? Yes No	
If Yes, provide name of provider an	d a copy of amount	funded	
DO NOT INCLUDE MONIES THAT YOU	HAVE RECEIVED ERO	M THE PES COMMITTEE OR S	TUDENT LOANS
Make cheque payable to:	TINVE REGEIVED TRO	,	
		,	, ailing address, PO Box)
		•	province, postal code)
Amount of Funding Requested:		(total of receipts attached)	
-		-	,
Applicant's Signature	Date		Telephone Number
THIS SECTION MUST BE COMP	LETED BY THE EM	IPLOYER – ANSWER ALI	L QUESTIONS
Has this Employee passed the prol	oationary period? Ye	es No	
Is this Employee a CUPE member?	Yes No	o	
Employee's Date of Hire ( <u>date of hi</u>	re into the Saskatch	ewan Health Authority):	
Employer's Signature (must be OO	 S) Date		Telephone

## **SEND COMPLETED FORM TO:**

Provincial Employment Strategy Committee, 1651 Park Street, Regina, SK S4N 5A2

Phone: 306-352-7921 Email: applications@pesc.ca

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#### **RETURN FOR SERVICE AGREEMENT**

(This form needs to accompany your initial application)

An Employee who is provided funding through Provincial Employment Strategy Committee will be required to enter into a Return for Service Agreement with the Employment Strategy Committee to remain in a CUPE Regional Health Authority within Saskatchewan for a period of up to 12 months. The Return for Service Agreement commences the date on the certificate or diploma for the program funded.

If the Employee terminates from the CUPE Health Region in Saskatchewan the monies shall repaid at a pro-rated level based on the length of service time remaining.

based on the le	ength of service time remainin	g.			
The length of t	ime commitment shall be in ac	ccordance with the amount funded as in	dicated below:		
	Amount Funded	Length of Service Ag	reement		
	Up to \$1,000.00	6 months			
	\$1,001.00 - \$3,000.00	12 months			
Check one:					
Funding is	s for Education – Program	Funding is for Modules/ Upgra	deOther		
in Saskatchewa erm of this agr employment p	an within a CUPE Healthcare I eement would commences or prior to fulfilling the commitm	e Provincial Employment Strategy Comi Bargaining Unit for the service agreemen In the date that the program is complete ent, I agree to repay the foregoing amo	nt period as set out above. The ed. In the event I terminate my unt on a pro-rated basis.		
CUPE APPLICANT'S SIGNATURE			DATE		
		PROMISSORY NOTE			
	This form only	needs to accompany your initial applic			
which I was for certificate	unded. I agree to provide t	ategy Committee if I do not successf he Committee with proof of comple r Service Agreement commences on	tion of program (i.e. photocopy		
Mailing Addres	55:				
Email:			*Required		
Phone:	h	ome	cell		
•	yment: Health Authority/ Region/ Fac				

Date

**CUPE Applicant's Signature** 

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• Applicant's signature signifies that they are a CUPE Local 5430 member and work within region 1, 2, 3, 4 or 5.

#### **Guidelines/ Frequently Asked Questions for Completing the PESC Application for Funding Assistance Forms**

- To apply for funding for a program and/or module/upgrade you must be a CUPE member. You must complete the above 2 forms and include photocopies of receipts (must be a receipt that complies with the receipt checklist included). Your supervisor (Out of Scope, OOS) must complete the Employer section of the Application page.
- The Return for Service Agreement commences on the date shown on the certificate or diploma which you will provide to us upon the completion of your program.
- ❖ You need to have **completed** your **probationary period prior** to completing the 2-page Application package.
- When completing the section asking "have you received any other funding for this program", you shall provide name of provider and a copy of the amount funded if you have received any other funding.
- Applications for relocation reimbursement of up to \$2,000.00 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 because of a layoff. (NOTE: you must have prior approval).
- Once you have submitted the completed 2-page application package and are approved for funding, you may make additional applications for the same program. You may apply as often as you have new receipts for your course until you reach the maximum allotted for your program. When you receive new receipts, complete ONLY the application form (page 1) from the package.
- ♦ How do I know how much I am eligible to receive? Effective Dec 1, 2020, you are eligible to receive up to \$1,500.00 per full time year of studies (maximum \$3,000.00 for a two-year program, based on fulltime studies).
- Modules will be reimbursed at a rate of 25% of the submission, to a maximum of \$500.00.

#### ONLY TUITION AND TEXTBOOKS ARE ELIGIBLE FOR REIMBURESMENT.

- Do I have to go to school full time to be considered? No, you can take your course by distance or modules. When we use the term "full time studies".
- Once you begin receiving funding, you are required to successfully complete the program or repay the funding received from the PES Committee.

#### IN SUMMARY:

- Ensure all forms (the Return for Service Agreement, the Promissory Note and the Application Form) are included in your first application along with receipts; if all information is not included or you have not used the most up to date application form, your application will be returned to you requesting you complete the missing information/ new form.
- Include photocopies of receipts; be sure they have all needed information on them as per the receipt checklist. Make sure nothing is covered by a till tape.
- > Use the newest forms available. They will state revised Jan 18, 2023, 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 copy of the certificate, diploma or the letter from the institution stating you have successfully completed the program is adequate.
- If you have questions, please call PESC at 306-352-7921 before you send in your application.
- Ensure the date, your name, address, and the amounts are clear. If program descriptions or any other information is required, we will request it.
- If you have questions, please email PESC office at applications@pesc.ca
- > Please submit all forms and receipts in a pdf attachment format.

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## **RECEIPT CHECKLIST**

All receipts submitted to the Committee must include the following:

<u>Tuition/ Book Receipt</u> - "Official Receipts" are strongly recommended to limit any delays and will contain all of this information.

- 1. Date of purchase
- 2. Name of Institution
- 3. Name of Purchaser/ Buyer with proper address
- 4. Detailed list of Course(s) purchased or item(s) purchased
- 5. Amount to be Paid (cost of purchase)
- 6. Amount of payment
- 7. Form of payment (i.e. Visa, Cash, Cheque, etc.)

\*\* Please note: Invoices are not proof of payment and will not be accepted. All receipts must show paid in some form on them.

### Till Tape Receipts

- 1. Date of purchase
- 2. Name of store purchased from
- 3. Amount paid
- 4. Method of payment

Handwritten receipts (printed preferred) must contain the following format and must be legible. This type of receipt is generally used when purchasing used books/ supplies.

## **Handwritten receipts**

- 1. Date
- 2. Seller's name this needs to be CLEARLY PRINTED)
- 3. Seller's phone number in case the Committee has questions
- 4. Purchaser's name and address
- 5. Detailed list of Item(s) purchased and prices per item
- 6. Amount to be Paid (cost of purchase)
- 7. Amount of payment
- 8. Form of payment (i.e. Visa, Cash, Cheque, etc.)

<sup>\*</sup> all printed Finance statements from the institution must be accompanied by a proof of enrollment for classes requested for reimbursement