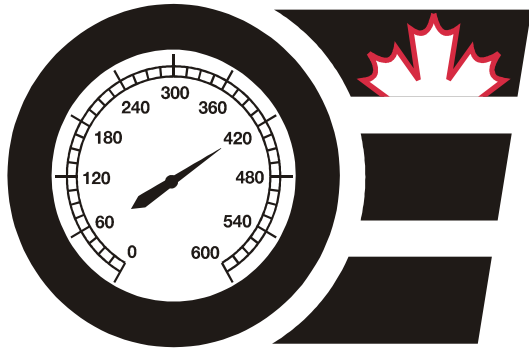


International Union
of
Operating Engineers
Local 987 A
HOSPITAL EMPLOYEES

244 CREE Crescent
Winnipeg MB R3J 3W1
Phone 786-8658
Fax 786-6578



TRAINING
AND
EDUCATION
FUND

TRAINING AND

PURPOSE

The purpose of the training and education fund is to provide education and/or development for its members affected to the extent that funds are available in the training and education fund. This may be done in a variety of ways subject to the approval of the training and education committee.

GUIDELINES:

1. Who is eligible:

- a) Members of I.U.O.E. Local 987 "A" Charter in good standing who are employed at the following Health Care facilities:

Concordia
Deer Lodge Centre
Grace Hospital
Health Sciences Centre
Misericordia Hospital
Seven Oaks Hospital
Winnipegosis Hospital

- b) Members who have been in good standing for a minimum of six (6) months.
- c) Special conditions may apply to casual and temporary employees.
2. Members are required to make application utilizing only the form provided.
3. a) Courses must be either for the purpose of skill development or up-grading current educational levels to meet future job requirements, or to alleviate disparities that may exist, labour courses, or to address workplace safety issues.
- b) Courses that fall within the guidelines outlined in 3a) shall include seminars, university courses, community college courses, night school courses, and correspondence courses.
- 4.a) Maximum amount available is \$2000.00 per member on a non-cumulative basis for the period September 1 to August 31 yearly. Amount includes required textbooks. Any form of membership fee, as determined by the Committee, and the cost of related equipment will not be paid. The fund will pay 50% of course cost (or 50% of balance of applicant's available funds) upon proof of registration (ORIGINAL RECEIPT ONLY) and the balance upon completion of the course. In the event a member is laid off, he/she must provide

FUND GUIDELINES

proof of completion of the course within six (6) months following the lay-off date to be eligible to receive final payment.

- b) Members may use up to \$300.00 of their \$2000.00 maximum for any form of educational or personal upgrading courses. Amounts so utilized will be deducted from a member's twelve (12) month maximum of \$2000.00.
5. If training and education funds are fraudulently applied for, or, if there is a lack of participation by an incumbent in a course paid for by the fund, then all monies for that course will be recovered by the Union.
6. Members may apply to the Fund to challenge examinations. In this case, approval shall be at the sole discretion of the Committee. To be reimbursed, the applicant must pass the examination.
7. The Committee reserves the right to review applications. All applications must be approved by the training and education fund committee. The training and education fund committee reserves the right to request additional supportive information and/or documentation for courses applied for.
8. The Committee is comprised of the following members:
- | | |
|-----------------------|-----------|
| Concordia | 1 member |
| Deer Lodge Centre | 1 member |
| Grace Hospital | 1 member |
| H.S.C. (Maintenance) | 4 members |
| (Power Eng.) | 1 member |
| (Electronics) | 1 member |
| Misericordia Hospital | 1 member |
| Seven Oaks Hospital | 1 member |
- Chairman -- Business Manager or Designate
9. Committee members shall abstain from voting on their own applications.
10. The training and education fund committee reserves the right to amend the guidelines as deemed necessary by a majority vote of the committee at a special meeting called for the purpose of revisions to the policy or guidelines.

NOTE:

Completion does not mean successful completion (passing), but means that the incumbent made an honest effort and attended classes. Proof of attendance or certification of completion may be requested.

OFFICE USE ONLY

PLEASE PRINT

ONE COURSE PER APPLICATION

DATE OF COMMITTEE MEETING _____

APPROVED IN PRINCIPAL ONLY. LETTER TO BE SENT TO MEMBER STATING SAME.

APPLICATION REJECTED. REASON: _____

LETTER TO BE SENT ADVISING MEMBER OF REASON APPLICATION REJECTED.

Mr./Ms. _____
Last Name First Name Middle Name

Address: _____
(Apt., Street, Address)

(City or Town) (Postal Code)

Telephone: _____
(Home) (Work)

Present Employer _____

Employed As: _____

TO ENSURE PROMPT PROCESSING, PLEASE MAIL OR DELIVER THIS APPLICATION TO THE UNION OFFICE BEFORE THE FOLLOWING DATES:

**OCTOBER 1
APRIL 1**

**JANUARY 1
JUNE 1**

APPROVED. INSTRUCTIONS: _____

Date: _____ Chq. #: _____ Amt. _____

Date: _____ Chq. #: _____ Amt. _____

AUTHORIZING SIGNATURE

S.I.N. _____

FILE # _____

DATE RECEIVED: _____

Name of Course _____
Applied For: _____
Start Date of Course _____
Applied For: _____
Course Costs: Tuition _____
Required Textbooks: _____
Total Costs: _____
Completion Date Of Course (approximately) _____
Course Taught At: _____
Or Correspondence Course: _____
Is This a Hobby Course? _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS

- Are you requesting approval in principal only? _____ If YES, please submit any pertinent information relating to course such as course outline, length of course, course provider, etc.
- Have you attached? () a) Original registration receipt?
() b) Copy of course outline?
() c) Textbook receipt?
() d) If complete, proof of completion?

The Union reserves the right to recover funds from the applicant and withhold the balance of payment for the course applied for in the event the member does not participate in the course.

APPLICANT'S SIGNATURE _____ DATE: _____