

# OE987

OPERATING ENGINEERS  
OF MANITOBA LOCAL 987

## TRAINING & EDUCATION TRUST FUND

Operating Engineers of Manitoba  
Local 987  
200 Regent Ave West  
Winnipeg, MB R2C 1R2

Email: local987@oe987.mb.ca  
Phone: 204-786-8658  
Fax: 204-786-6578

## GUIDELINES

### PURPOSE:

The Training and Education Trust Fund is to promote and provide continual education and / or skill development for **all** members of OE987 to the extent that funds are available in the Training and Education Trust Fund. This may be done in a variety of ways subject to the approval of the Training and Education Fund Committee (TEFC).

### GUIDELINES:

#### 1. Who is eligible:

Members of I.U.O.E. Local 987, 987A, 987B, 987C and 987D who have been in good standing for a minimum of twelve (12) months.

#### 2. Members are required to make application utilizing only the application form provided.

#### 3. Courses:

a) Courses **must** be for the purpose of skill development. Courses required for ones' current job will **not** be approved.

b) Educational Courses that fall within the guidelines outlined in 3. a) shall include university courses, college courses, night school courses, seminars and correspondence courses.

c) Personal Courses that fall within the guidelines outlined in 3. a) examples such as cooking, small engine repair, photography, archery, wood working or learn a new language courses.

*NOTE: Memberships and licenses will not be covered by the fund.*

#### 4. Course Reimbursement:

a) Maximum amount available is \$250.00 per member on a non-cumulative basis for the period January 1<sup>st</sup> to December 31<sup>st</sup> yearly. Amount includes required textbooks.

b) Members may use up to \$250.00 for any form of education or personal interest courses.

5. Members who apply will be required to submit the following information: the type of course, course amount, course location and the name of the organization where the course will be taken. If approved, a letter will be provided to you in order for you to register and pay up front. Once proof of completion is provided, you will be reimbursed.

6. The Committee reserves the right to review applications. All applications must be approved by the TEFC. The TEFC reserves the right to request additional supportive information and /or documentation for courses applied for.

7. The Committee is comprised of the following members:

Chairman-Business Manager or Designate and two (2) other trustees.

8. Committee members shall abstain from voting on their own applications should one of them apply.

9. The TEFC 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.

10. Deadline for submitting applications shall be April 1<sup>st</sup> of each year.

11. Since the purpose of this fund is to have it exist into perpetuity, applicants will be chosen by lottery system.

### 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 shall be provided in order to be reimbursed.

# APPLICATION FORM

PLEASE PRINT

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Address: \_\_\_\_\_  
Address City / Town Province Postal Code

Telephone: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Classification: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Amount: \_\_\_\_\_ Textbook Amount: \_\_\_\_\_

Total Amount: \_\_\_\_\_

## PLEASE CHECK THE FOLLOWING QUESTIONS:

- Have you attached?  
(please check)
- Original course registration receipt?
  - Copy of course outline?
  - Textbook receipt?
  - 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: \_\_\_\_\_

PLEASE EMAIL [LOCAL987@OE987.MB.CA](mailto:LOCAL987@OE987.MB.CA) OR MAIL/DELIVER THIS APPLICATION TO THE UNION OFFICE BEFORE THE FOLLOWING DATE: **APRIL 1<sup>st</sup>**

## **OFFICE USE ONLY**

DATE OF COMMITTEE MEETING:

\_\_\_\_\_

APPLICATION APPROVED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Amount: \_\_\_\_\_

LETTER TO BE SENT ADVISING MEMBER OF REASON APPLICATION WAS REJECTED.

APPLICATION REJECTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

S.I.N: \_\_\_\_\_

FILE # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_