



# 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 [wramsay@peiupse.ca](mailto:wramsay@peiupse.ca) or fax to (902) 569-8186. All inquiries may be directed to Wilma Ramsay, Fund Administrator at (902) 892-5335.

## Applicant Information (All sections must be completed)

Name:	Employee #:
<b>Home Mailing Address:</b>	
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 (LTD) (ML) (WCB) (SL)	

## 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 (see Question.#3):</b>	
<b>TOTAL AMOUNT REQUESTED:</b>	

Explain your reason(s) for requesting this learning opportunity:

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1. Have you received funding from the UPSE Health Development and Training Fund this fiscal year?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is this application consistent with your Performance Development Plan goals? \_\_\_\_\_
3. Have your 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 Cost

**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 22.5 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***

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

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

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

#### Checklist

- Application completed in full
- Attach official description/background information of course/conference/workshop
- Attach official Confirmation of cost and start date
- Salary Replacement Section completed & signed (if applicable)
- Official Receipt of Payment  
(If not included with application, it MUST be submitted within 14 days following the 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 \$2,000 of funding per person per fiscal year (this includes registration/tuition fees and up to 22.5 hours of salary replacement costs).

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

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