



Dear Kaiser Manager/Supervisor,

You are receiving this letter and form because one of your employees is applying to the SEIU UHW-West & Joint Employer Education Fund's STIPEND program. I would like to provide you with information about the Education Fund and the STIPEND program

#### **SEIU UHW-West and Joint Employer Education Fund**

- SEIU United Healthcare Workers–West and Joint Employer Education Fund was created through the collective bargaining process between SEIU UHW-West and Employers who contribute to the Fund.
- The Education Fund is an education benefit much like a health benefit
- Funding for the Education Fund's programs and services is provided by employers
- We offer trainings, professional development, and educational support services to eligible SEIU-UHW members across multiple states and employers.

#### **The STIPEND Program (WAGE REPLACEMENT)**

In partnership with Kaiser Permanente the Education Fund offers the STIPEND program to employees so that they can succeed in an educational training program for career advancement.

- The Education Fund provides the funding, administers the program and pays the employee directly (payment does not out of your departmental budget)
- To be eligible to apply an employee must full-time or part-time working 20+ hours per week, benefitted, past their probation and represented by an SEIU bargaining unit
- Applicants to the program must be enrolled in an accredited academic degree or training program
- Employees can reduce their schedule from one (1) hour up to 16 hours per pay period (part-time employees are also eligible for up to 16 hours of reduction) in order to attend classes, study, and/or participate in clinical/internships
- There is a Lifetime cap of \$10,000 per employee

**Manager/Employee Agreement Form.** This agreement form is designed to accomplish the following:

- 1) Determine the parameters of the maximum amount of reduction in time that will be allowed for the employee.
- 2) Acknowledge that, **if accepted**, the employee will be able to reduce their work schedule until they complete their training program, or until they reach their lifetime maximum benefit of **\$10,000**.

We hope that you will agree to allow your employee to participant in the STIPEND program and we look forward to working with you. If you have any questions about this form or the program, please contact Monica Lond-Le Blanc at 213-401-3010.

Sincerely,

Patrice Madu  
Assistant Director  
SEIU UHW-WEST & Joint Employer Education Fund



STIPEND PROGRAM
MANAGER/KAISER PERMANENTE EMPLOYEE AGREEMENT FORM

Please Print: Employee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

EDUCATION/TRAINING INFORMATION

Academic/Training Program: \_\_\_\_\_ (ex: Rad Tech)

Program start date: \_\_\_\_\_ (MM/DD/YY) Expected completion date: \_\_\_\_\_ (MM/DD/YY)

Please review and fill out the following information; incomplete forms will not be accepted:

- 1. The above KP employee and manager agreed to a modified/reduced work schedule...
2. Employee will reduce from \_\_\_\_\_ hours per pay period to \_\_\_\_\_ hours per pay period...
3. In order to be accepted into the STIPEND program the employee must start reducing his/her hours no later than one month after they have been officially accepted.

Month Day Year

Note: Employees who reduce their hours prior their official acceptance will not be paid for those reduce hours by the Education Fund. STIPEND payments are not paid retroactively

Participant: I have discussed with my manager/supervisor that I will be applying for the SEIU UHW-West & Joint Employer Education Fund's Stipend Program and this Manager/Employee agreement.

Employee (signature) Date

Manager: I understand that if this employee is accepted into the SEIU UHW-West & Joint Employer Education Fund's STIPEND Program s/he will be supported until the completion of his/her academic program, or until the maximum award is reached.

Manager/Supervisor (Print Name) Signature Date

Manager Phone #: \_\_\_\_\_ Manager Email: \_\_\_\_\_ Please print clearly - this is the email we will use to correspond with you.

If you have questions about this form, please contact Monica Lond-Le Blanc 213-401-3010.



STIPEND PROGRAM
MANAGER/KAISER PERMANENTE EMPLOYEE AGREEMENT FORM

Please Print: Employee Last Name: Smith First Name: Sally

EDUCATION/TRAINING INFORMATION

Academic/Training Program: BSN (ex: Rad Tech)

Program start date: 1/15/2019 (MM/DD/YY) Expected completion date: 6/15/2021 (MM/DD/YY)

Please review and fill out the following information; incomplete forms will not be accepted:

1. The above KP employee and manager agreed to a modified/reduced work schedule. Reduction can be from one (1) hour up to 16 hours per pay period. The Education Fund requires the employee to work less than his/her original (hired at) hours in order to receive stipend payments. The employee will notify their manager about their school schedule (when classes are in session, school breaks, etc.). Please check to acknowledge that this has been discussed.

[X] Yes [ ] No

2. Employee will reduce from 80 hours per pay period to 64 hours per pay period. A pay period is two weeks. Example: An 80 hour per pay period employee who is reducing 16 hours will reduce from 80 hours to 64 hours per pay period. Part-time employees are also able to reduce up to 16 hours per pay period but can only reduce from their hired in hours not from any additional hours they may pick up during a pay period.

3. In order to be accepted into the STIPEND program the employee must start reducing his/her hours no later than one month after they have been officially accepted. Please indicate below the date the employee will start reducing his/her hours:

3 31 2019
Month Day Year

Note: Employees who reduce their hours prior their official acceptance will not be paid for those reduce hours by the Education Fund. STIPEND payments are not paid retroactively

Participant: I have discussed with my manager/supervisor that I will be applying for the SEIU UHW-West & Joint Employer Education Fund's Stipend Program and this Manager/Employee agreement. I understand this agreement and certify that all the information provided on this form is correct. I also understand that departmental needs may change and my schedule may be adjusted in the future.

Sally Smith
Employee (signature)

2/1/2015
Date

Manager: I understand that if this employee is accepted into the SEIU UHW-West & Joint Employer Education Fund's STIPEND Program s/he will be supported until the completion of his/her academic program, or until the maximum award is reached. I verify that s/he is will be working the reduced schedule outlined above. I acknowledge that this is not a binding agreement and is intended to help me and my employee discuss scheduling based on departmental and operational needs. I also understand that departmental needs may change and the schedule may be adjusted in the future. Please make a copy of this form for your records.

James Jones
Manager/Supervisor (Print Name)

James Jones
Signature

2/15/15
Date

Manager Phone #: 310-111-2222

Manager Email: j.x.y.jones@kp.org

Please print clearly - this is the email we will use to correspond with you.

If you have questions about this form, please contact Monica Lond-Le Blanc 213-401-3010.