

The Education Fund

Empowering potential.

SEIU-UHW & JOINT EMPLOYER EDUCATION FUND

Dear Manager/Supervisor,

You are receiving this letter and form because one of your employees is applying to SEIU-UHW West & Joint Employer Education Fund for Wage Replacement. I want to provide you with information about the Education Fund and the Wage Replacement processes and procedures.

SEIU-UHW West and Joint Employer Education Fund

- SEIU-United Healthcare Workers West and Joint Employer Education Fund 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.
- Employers provide funding for the Education Fund's programs and services.
- We offer training, professional development, and educational support services to eligible SEIU-UHW members across multiple states and employers.

Wage Replacement

In partnership with your Employer, the Education Fund offers Wage Replacement to employees to succeed in an educational training program for career advancement:

- The Education Fund provides the funding, administers the wage replacement, and pays the employee directly (payment does not come out of your departmental budget).
- To be eligible to apply, an employee must be full-time or part-time working 20+ hours per week, benefitted, past their probation, and represented by an SEIU bargaining unit.
- Applicants 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) 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 maximum lifetime benefit of **\$10,000**.

We look forward to working with you. If you have any questions about this form or Wage Replacement, please contact Monica Ruvalcaba at 510-332-5010 mruvalcaba@theedfund.org.

Sincerely,

Patrice Madu
Director of Education
SEIU-UHW & Joint Employer Education Fund

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WAGE REPLACEMENT MANAGER/EMPLOYEE AGREEMENT FORM

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

EDUCATION/TRAINING INFORMATION

Academic/Training Program: Medical Radiography (Rad Tech) (ex: Rad Tech)

Program start date: 05/01/2021 (MM/DD/YY) Expected completion date: 12/31/2022 (MM/DD/YY)

Please review and fill out the following information; **incomplete forms are not accepted:**

1. The above 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 payments. The employee will notify their manager about their school schedule (when classes are in session, school breaks, etc.).
2. Please check to acknowledge that this has been discussed.
Yes _____ No _____
3. 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.
4. In order to be accepted for wage replacement the employee **must** start reducing his/her **hours no later than one month** after they have been officially accepted into the program. Please indicate below the date the employee will start reducing his/her hours: _____

9 15 2021
Month Day Year

Note: the Education Fund will not pay Employees who reduce their hours prior their official acceptance for those reduce hours. Wage Replacement 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 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)

8/1/2021
Date

Manager: I understand that **if this employee is accepted** into the SEIU-UHW West & Joint Employer Education Fund's 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

James Jones 8/1/2021

Manager/Supervisor (Print Name)

Signature

Date

Manager Phone #: 310-555-3213

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

THIS FORM ALONG WITH THE SCHOOL VERIFICATION DOCUMENT MUST BE UPLOADED WITH THE ONLINE WAGE REPLACEMENT APPLICATION

If you have questions about this form, please contact Monica Ruvalcaba at 510.332.5010 or mruvalcaba@theedfund.org

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WAGE REPLACEMENT MANAGER/ EMPLOYEE AGREEMENT FORM

Employee Last Name: _____ First Name: _____

EDUCATION/TRAINING INFORMATION

Academic/Training Program: _____

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

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

1. The above employee and manager agree 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 payments. The employee will notify their manager about their school schedule (when classes are in session, school breaks, etc.).
2. Please check to acknowledge that this has been discussed.
 Yes No
3. Employee will reduce from _____ hours **per pay period** to _____ 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.
4. In order to be accepted into the program the employee **must start reducing his/her hours immediately but no later than one month after they have been officially accepted into the Program**. Please indicate below the date the employee will start reducing his/her hours:

Month Day Year

Note: the Education Fund will not pay Employees who reduce their hours prior their official acceptance for those reduce hours. Wage Replacement 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 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.**

Employee (signature)

Date

Manager: I understand that if this employee is accepted into the SEIU-UHW West & Joint Employer Education Fund's 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.**

Manager/Supervisor (Print Name)

Signature

Date

Manager Phone #:

Manager Email

THIS FORM ALONG WITH THE SCHOOL VERIFICATION DOCUMENT MUST BE UPLOADED WITH THE ONLINE WAGE REPLACEMENT. If you have questions about this form, please contact Monica Ruvalcaba at 510-332-5010 or mruvalcaba@theedfund.org