

# 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. We 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; to attend classes, study, and/or participate in clinical rotations/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**.

Sincerely,

The Wage Replacement Team  
SEIU-UHW & Joint Employer Education Fund

Questions: Contact [info@thedfund.org](mailto:info@thedfund.org)

# The Education Fund

*Empowering potential.*

SEIU-UHW & JOINT EMPLOYER EDUCATION FUND

## WAGE REPLACEMENT MANAGER/ EMPLOYEE AGREEMENT FORM

Employee Last Name: Smith First Name: Sally

### EDUCATION/TRAINING INFORMATION

Academic/Training Program: Nursing School: De Anza College

Program start date: 9/01/2023 (MM/DD/YY) Program expected end date: 12/31/2025 (MM/DD/YY)

Please review and fill out the following information; no late forms will be 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 the original hours they were hired for in order to receive 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 agreement has been discussed.  Yes  No

2. **Reduction of Hours. Please note:** A pay period is two weeks. Full-time and Part-time employees are able to reduce up to 16 hours per pay period. Part-time employees can only reduce from their hired hours not from any additional hours they may pick up during a pay period.
  - **Example of full-time 16-hour reduction:** Employee reduces from 80 hours per pay period (not per week) to 64 hours.
  - **Example of part-time 16-hour reduction:** Employee reduces from 40 hours per pay period (not per week) to 24 hours

Please indicate how many hours the employee will reduce: The employee will reduce from 80 hours per pay period to 64 hours per pay period for a total of 16 hours

3. In order to participate in the program, **once officially accepted, the employee must start reducing their hours immediately but no later than 30 days after they have been officially accepted into the Wage Replacement Program.** Please indicate below the date the employee will start reducing his/her hours:

02                      09                      2024  
Month                      Day                      Year

**Note: The Education Fund will not pay employees who reduce their hours before their official acceptance into the Wage Replacement Program; 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

02/01/2024

Employee (signature)

Date

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

James Jones

James Jones

02/01/2024

Manager/Supervisor (Print Name)

Signature

Date

Manager Phone #: 310-555-1212

Manager Email (Print clearly) [j.x.jones@kp.org](mailto:j.x.jones@kp.org)

**Please make a copy of this form for your records. Forms must be dated within three months of the employee applying for the Wage Replacement Program. Forms that have been signed beyond 3 months of the employee applying will not be accepted.**

- **Completion of this form does not indicate the employee has been accepted into the Wage Replacement Program.**
- **This form and proof of program enrollment must be upload when submitting the online application through the MyEdFund portal.**

Questions: Contact [info@thedefund.org](mailto:info@thedefund.org)

WAGE REPLACEMENT MANAGER/ EMPLOYEE AGREEMENT FORM

Employee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

EDUCATION/TRAINING INFORMATION

Academic/Training Program: \_\_\_\_\_ School: \_\_\_\_\_

Program start date: \_\_\_\_\_ (MM/DD/YY) Program expected end date: \_\_\_\_\_ (MM/DD/YY)

Please review and fill out the following information; no late forms will be 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 the original hours they were hired for in order to receive 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 agreement has been discussed.  Yes  No

2. **Reduction of Hours. Please note:** A pay period is two weeks. Full-time and Part-time employees are able to reduce up to 16 hours per pay period. Part-time employees can only reduce from their hired hours not from any additional hours they may pick up during a pay period.
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  - **Example of part-time 16-hour reduction:** Employee reduces from 40 hours per pay period (not per week) to 24 hours

Please indicate how many hours the employee will reduce: The employee will reduce from \_\_\_\_\_ hours per pay period to \_\_\_\_\_ hours per pay period for a total of \_\_\_\_\_ hours

3. In order to participate in the program, **once officially accepted, the employee must start reducing their hours immediately but no later than 30 days after they have been officially accepted into the Wage Replacement 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 before their official acceptance into the Wage Replacement Program; Wage Replacement payments are not paid retroactively.**

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\_\_\_\_\_  
Employee (signature)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Manager/Supervisor (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Manager Phone #: \_\_\_\_\_ Manager Email (Print clearly) \_\_\_\_\_

**Please make a copy of this form for your records. Forms must be dated within three months of the employee applying for the Wage Replacement Program. Forms that have been signed beyond 3 months of the employee applying will not be accepted.**

- **Completion of this form does not indicate the employee has been accepted into the Wage Replacement Program.**
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