

The Education Fund

Empowering potential.

SEIU-UHW & JOINT EMPLOYER EDUCATION FUND

Dear Manager/Supervisor,

You are receiving this letter and the attached form because one of your employees is applying for the Wage Replacement Program through SEIU-UHW West & Joint Employer Education Fund. This letter provides an overview of the Education Fund, the Wage Replacement Program, and the steps required for the application process.

About SEIU-UHW West & Joint Employer Education Fund

The Education Fund was established through collective bargaining between SEIU-United Healthcare Workers West and contributing Employers. It operates as an educational benefit, much like a health benefit, funded by participating Employers. The Education Fund provides training, professional development, and educational support services to eligible SEIU-UHW members across multiple states and employers.

About the Wage Replacement Program

The Wage Replacement Program helps employees succeed in educational or training programs for career advancement by allowing them to temporarily reduce their work schedule:

- **Funding:** The Education Fund provides and administers wage replacement payments directly to the employee.
 - Payments do not impact your departmental budget.
- **Eligibility:** Employees must meet the following criteria:
 - Be full-time or part-time (working 20+ hours per week) and benefitted.
 - Have completed their probationary period.
 - Be represented by an SEIU bargaining unit.
 - Be enrolled in an accredited academic or training program.
- **Program Benefits:**
 - Employees can reduce their schedule by 1 to 16 hours per pay period to attend classes, study, or participate in clinical rotations/internships.
 - **Each employee has a lifetime benefit cap of \$10,000.**

Manager/Employee Agreement Form

This agreement form facilitates discussions and sets expectations between the manager and employee, specifically:

1. Determining the maximum reduction in work hours allowed.
2. Agreeing to allow the employee to participate in the program and reduce their work hours for the duration of their academic or training program or until they reach the \$10,000 lifetime cap.

We appreciate your collaboration in supporting your employee's career advancement through education.

Sincerely,

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

Questions? Email: dbennington@theedfund.org

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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: 9/01/2024 (MM/DD/YY) Program expected end date: 12/31/2026 (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 must 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 the date below that the employee will start reducing their hours:

<u>02</u>	<u>09</u>	<u>2025</u>
Month	Day	Year

Note: The Education Fund will not pay employees who reduce their hours before they are officially accepted 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 Wage Replacement Program and reviewed 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

02/01/2025

Employee (signature)

Date

Manager: I understand that if this employee is accepted into the SEIU-UHW West & Joint Employer Education Fund's Wage Replacement Program they will be supported until the completion of their academic program, or until they reach the maximum lifetime cap of \$10k. 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

02/01/2025

Manager/Supervisor (Print Name)

Signature

Date

Manager Phone #: 310-555-1212

Manager Email (Print clearly) j.x.jones@kp.org

Please make a copy of this form for your records. Forms must be dated within thirty (30) days of the employee applying to the Wage Replacement Program. Forms that have been signed beyond thirty (30) days 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: dbennington@theedfund.org

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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 must 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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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 the date below that the employee will start reducing their hours:

Month Day Year

Note: The Education Fund will not pay employees who reduce their hours before they are officially accepted 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 Wage Replacement Program and reviewed 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 Wage Replacement Program they will be supported until the completion of their academic program, or until they reach the maximum lifetime cap of \$10k. 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) _____

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