

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 work schedule based on their hired in hours per pay period to attend classes, study, or participate in clinical rotations/externships.
 - **Each employee has a lifetime benefit cap of \$10,000.**

Manager/Employee Agreement Form – To fill out the form, please see the “Instructions to Complete Manager’s Agreement form” sheet.

This agreement facilitates discussions and establishes 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: wagereplacement@theedfund.org

The Education Fund

Empowering potential.

SEIU-UHW & JOINT EMPLOYER EDUCATION FUND

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:

- Employees can reduce their work schedule to attend classes, study, or participate in clinical rotations/externships.
- **Each employee has a lifetime benefit cap of \$10,000.**
- Employees are only eligible to benefit from this program if they can reduce their **hired hours** to attend a degree or training program.
- The reduction of hours can vary based on your department's operational needs.
- Approved employees who are hired in at:
 - Less than 8 hours can reduce up to 16 hours (*Part-timers cannot reduce from additional hours worked above hired in hours*)
 - 8 hours can reduce up to 16 hours
 - 9 hours can reduce up to 18 hours
 - 10 hours can reduce up to 20 hours
 - 12 hours can reduce up to 24 hours

Filling out the Manager/Employee Agreement form

To assist you in filling out the Manager/Employee Agreement form, the following are some examples of how employees can reduce their schedules per pay period:

Example of reductions per pay period:

Hired in Hours	Hours worked per pay period	Hours reducing	Hours work per pay period
4 hours per shift	40	16	24
5 hours per shift	50	16	34
8 hours per shift	80	16	64
9 hours per shift	72	18	48
10 hours per shift	80	20	60
12 hours per shift	72	24	48

Example of how to fill out the agreement form indicating hours of reduction:

- **8-hour shift** employee reducing 16 hours: Employee is full-time and works **80** hours per pay period and will reduce to **64** hours per pay period.
Total hours reducing is **16** hours per pay period
- **4-hour shift** employee reducing 16 hours: Employee is part-time and works **40** hours per pay period and will reduce to **24** hours per pay period.
Total hours reduced is **16** hours per pay period.
- **12-hour shift** employee reducing 24 hours: Employee is full-time and works **72** hours per pay period and will reduce to **48** hours per pay period.
Total hours reducing is **24** hours per pay period

How employees can use their reduced hours:

You and your employee will decide how to divide the allotted Wage Replacement hours per pay period. Here are examples of how these hours can be divided:

Shift	Per Pay Period Reduction	Per Pay Period Reduction
Less than 8 hours	2 days @ 4hrs per day = 16hrs.	4 days @ 2 hours per day = 16hrs.
8 hours	2 days @ 8hrs per day = 16hrs.	4 days @ 4hrs per day = 16hrs.
9 hours	2 days @ 9 hrs per day = 18hrs.	4 days @ 4.5hrs per day = 18hrs.
10 hours	2 days @ 10 hrs per day = 20hrs.	4 days @ 5hrs per day = 20hrs.
12 hours	2 days @ 12hrs per day = 24hrs.	4 days @ 3hrs per day = 24hrs.

Hours coded or reported as Wage Replacement are counted towards the minimum hours required for benefits status, similar to Education Leave hours.

Example: A 40-hour per pay period employee can reduce to 24 hours per pay period. The 16 hours of Wage Replacement pay will make them whole and maintain their benefit status ($24 + 16 = 40$).

Reporting Wage Replacement time

- Employees can only start reducing their time when they receive the Officially Accepted email from their assigned Education Fund career counselor.
- **Employees must reduce their hours within 30 days of their official acceptance into the Wage Replacement Program.**
- Managers will be copied on the Officially Accepted email and will receive a copy of the Manager's Handbook, Complete instructions regarding how to code employee's time is included in the handbook
- Hours reduced before the official acceptance into the Wage Replacement Program will not be paid

WAGE REPLACEMENT MANAGER/ EMPLOYEE AGREEMENT FORM

Employee Last Name: Smith First Name: John

EDUCATION/TRAINING INFORMATION

Academic/Training Program: BSN School: CSU East Bay

Program start date: 01/21/25 (MM/DD/YY) Program expected end date: 05/21/27 (MM/DD/YY)

Please review and fill out the following information: no late or incomplete forms will be accepted.

1. The above employee and manager agree to a modified/reduced work schedule. **Wage Replacement allows employees to reduce their hours based on their actual hired work hours to attend class, study, and participate in clinicals/externships.** The Education Fund requires the employee to work less than the original hours they were hired for to receive payments. The employee must notify their manager about their school schedule (when classes are in session, school breaks, etc.).

Please acknowledge that this agreement has been discussed by checking the following: ☒ Yes ☐ No

2. **Reduction of Hours.** Please note: A pay period is two weeks.

Employee Hired in at (hours/shift)	Can reduce
Less than 8 hours	Up to 16 hours **PT employees cannot reduce from any additional hours worked above hired hours
8 hours	Up to 16 hours
9 hours	Up to 18 hours
10 hours	Up to 20 hours
12 hours	Up to 24 hours

Please indicate how many hours the employee will reduce below:

Employee hired shift (select one) ☐ less than 8 hrs; ☒ 8hrs; ☐ 9 hrs; ☐ 10hrs; ☐ 12hrs

Works a total of 64 hours per pay period.

The total hours being reduced are 16 hours per pay period (pay period is two weeks)

3. 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 hired hours:

02 15 2026
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.**

John Smith

02/01/2026

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 on 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.

John.S.Manager

John.S.Manager

02/01/26

Manager/Supervisor (Print Name)

Signature

Date

Manager Phone #: 123-456-7890

Manager Email (Print clearly) John.S.Manager

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 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 by the employee when submitting the online application through their MyEdFund portal. Form cannot be faxed or emailed.**

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 or incomplete forms will be accepted.

1. The above employee and manager agree to a modified/reduced work schedule. **Wage Replacement allows employees to reduce their hours based on their actual hired work hours to attend class, study, and participate in clinicals/externships.** The Education Fund requires the employee to work less than the original hours they were hired for to receive payments. The employee must notify their manager about their school schedule (when classes are in session, school breaks, etc.).

Please acknowledge that this agreement has been discussed by checking the following: ☐ Yes ☐ No

2. **Reduction of Hours.** Please note: A pay period is two weeks.

Employee Hired in at (hours/shift)	Can reduce
Less than 8 hours	Up to 16 hours **PT employees cannot reduce from any additional hours worked above hired hours
8 hours	Up to 16 hours
9 hours	Up to 18 hours
10 hours	Up to 20 hours
12 hours	Up to 24 hours

Please indicate how many hours the employee will reduce below:

Employee hired shift (select one) ☐ less than 8 hrs; ☐ 8hrs; ☐ 9 hrs; ☐ 10hrs; ☐ 12hrs

Works a total of _____ hours per pay period.

The total hours being reduced are _____ hours per pay period (pay period is two weeks)

3. 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 hired 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 on 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 thirty (30) days of the employee applying to the Wage Replacement Program. Forms that have been signed beyond thirty (30) days of 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 by the employee when submitting the online application through their MyEdFund portal. Form cannot be faxed or emailed.**