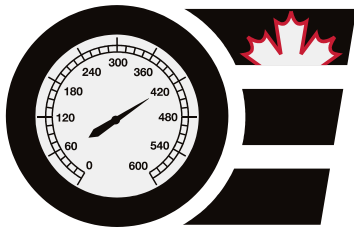


INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 987

1008 Wall Street
Winnipeg, Mb. R3G 2V3

Phone: 786-8658
Fax: 786-6578



TRAINING AND EDUCATION FUND

TRAINING AND FUND GUIDELINES

PURPOSE:

The purpose of the training and education fund is to provide education and / or development for its members affected to the extent that funds are available in the training and education fund. This may be done in a variety of ways subject to the approval of the training and education fund committee.

GUIDELINES:

1. Who is eligible:
 - a) Members of I.U.O.E. Local 987 "A" Charter in good standing who are employed at the following Health Care facilities:
 - Concordia Hospital
 - Dauphin Hospital
 - Deer Lodge Centre
 - Grace Hospital
 - Health Sciences Centre
 - Misericordia Health Centre
 - Seven Oaks Hospital
 - Winnepigosis Hospital
 - b) Members who have been in good standing for a minimum of twelve (12) months.
 - c) Special conditions may apply to casual and temporary employees.
2. Members are required to make application utilizing only the form provided.
3. a) Courses **must** be either for the purpose of skill development or up-grading current educational levels to meet future job requirements, or to alleviate disparities that may exist, labour courses, or to address workplace safety issues.
 - b) Courses that fall within the guidelines outlined in 3a) shall include seminars, university courses, community college courses, night school courses, and correspondence courses.
4. a) Maximum amount available is \$1500.00 per member on a non-cumulative basis for the period September 1st to August 31st yearly. Amount includes required textbooks. Any form of membership fee, as determined by the Committee, and the cost of related equipment **will not be paid**. Tuition, required textbooks and reasonable student fees as determined by the committee will be paid. The fund will pay 50% of course costs (or 50% of balance upon proof of registration (**ORIGINAL RECEIPT ONLY**)) and the balance upon completion of the course. In the event a member is laid off, he/she must provide proof

of completion of the course within twelve (12) months following the lay-off date to be eligible to receive final payment. Applications received by the fund later than 1 year after recommended completion date of course will not be accepted.

- b) Members may use up to \$200.00 of their \$1500.00 maximum for any form of education or personal up-grading courses. Amounts so utilized will be deducted from a member's twelve (12) month maximum of \$1500.00.
5. If training and education funds are fraudulently applied for, or if there is a lack of participation by an incumbent in a course paid for by the fund, then all monies for that course will be recovered by the Union.
6. The committee reserves the right to review applications. All applications must be approved by the training and education fund committee. The training and education fund committee reserves the right to request additional supportive information and /or documentation for courses applied for.
7. The committee is comprised of the following members:

Concordia Hospital	1 member
Winnepigosis Hospital	1 member
Deer Lodge Centre	1 member
Grace Hospital	1 member
H.S.C. (Maintenance)	3 members
(Power Eng.)	1 member
(Electronics)	1 member
(O.T.)	1 member
Misericordia Health Ctr.	1 member
Seven Oaks Hospital	1 member
Chairman-Business Mgr or Designate	
8. Committee members shall abstain from voting on their own applications.
9. The training and education fund committee reserves the right to amend the guidelines as deemed necessary by a majority vote of the committee at a special meeting called for the purpose of revisions to the policy or guidelines.

NOTE:

Completion does not mean successful completion (passing) but means that the incumbent made an honest effort and attended classes. Proof of attendance or certification of completion may be requested.

OFFICE USE ONLY

DATE OF COMMITTEE MEETING: _____

APPROVED IN PRINCIPLE ONLY. LETTER TO BE SENT TO MEMBER STATING SAME.

APPLICATION REJECTED. REASON: _____

LETTER TO BE SENT ADVISING MEMBER OF REASON APPLICATION REJECTED.

APPROVED INSTRUCTIONS: _____

Date: _____ Chq # _____ Amt: _____

Date: _____ Chq #: _____ Amt: _____

AUTHORIZED SIGNATURE

S.I.N. _____

FILE # _____

DATE RECEIVED: _____

PLEASE PRINT

Mr. _____
Mrs. _____
Last Name First Name Initial

Address: _____

City or Town Postal Code
Telephone: _____
Home Work

ONE COURSE PER APPLICATION

Present Employer: _____

Employed as: _____

TO ENSURE PROMPT PROCESSING PLEASE MAIL OR DELIVER THIS APPLICATION TO THE UNION OFFICE BEFORE THE FOLLOWING DATES:

OCTOBER 1st
APRIL 1st

JANUARY 1st
JUNE 1st

Name of Course _____

Applied for _____

Start Date of Course _____ Completion Date of Course (approximately) _____
Applied for: _____

Course Costs: Tuition _____ Course taught at: _____

Required Textbooks: _____ Or Correspondence Course: _____

Total Costs: _____ Is this a Hobby Course? _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS.

- Are you requesting approval in principle only? _____ If YES, please submit any pertinent information relating to course such as course outline, length of course, course provider, etc.
- Is this course related to your employment? _____ If YES, explain _____
- Have you attached? (Please check)

<input type="checkbox"/>	a)	Original registration receipt?
<input type="checkbox"/>	b)	Copy of course outline?
<input type="checkbox"/>	c)	Textbook receipt?
<input type="checkbox"/>	d)	If complete, proof of completion?

The Union reserves the right to recover funds from the applicant and withhold the balance of payment for the course applied for in the event the member does not participate in the course.

APPLICANT'S SIGNATURE: _____ DATE: _____