



Union Education Trust Professional Enhancement Program (PE) Pre-Payment/Reimbursement Application

DIRECTIONS: Please complete all information. Application must include your employee identification number and signature. It must be accompanied by a publication describing the training event and the continuing education units (CEU), continuing legal education (CLE) or other credentials awarded by a regionally accredited institution, professional society, or government agency (other than a Certificate of Completion). If the training event does not award credentials, you may request a training review by placing an **X** in the training review box. The box is located in the training information block. If you have any questions regarding your application or the application process, please call the Union Education Trust toll-free at 1-866-436-7900.

APPLICANT INFORMATION:

EMPLOYEE ID NUMBER: _____		
Last Name: _____	First Name: _____	Middle Initial: _____
State Agency: _____		
Work Address: _____	Work Phone No.: _____	Ext. _____
Work Hours: _____	OCSEA/AFSCME Chapter: _____	
Home Phone: _____		

TRAINING INFORMATION:

Training Provider Name: _____			
Address: _____	City: _____	State: _____	Zip Code: _____
Telephone No.: _____	Training Start Date: _____		
Training Event Title: _____			
Description of Training Event: _____			
Name of professional society, government agency, or accredited institution awarding credentials: _____			
Type of credentials (CEUs, CLEs, or other): _____			
<input type="checkbox"/> <i>Place an X in the box to request a training review. Only request a review if credentials are not awarded for this event.</i>			
Costs:			
A. Cost of Training Event:		\$	_____
B. Other Financial Assistance Received for Training Event		\$	_____
Total amount requested (Subtract B from A): Amount cannot exceed \$1,500.00.		\$	_____

<input type="checkbox"/> Check here if applying for PREPAYMENT. The following documents must be attached: <input type="checkbox"/> Copy of Training Description <input type="checkbox"/> Documentation of awarded credentials or Request for Training Review <input type="checkbox"/> Completed and signed training event registration form <input type="checkbox"/> Cost of training event <ol style="list-style-type: none"> 1. UET will pre-pay any eligible training events.* Please allow 30 days prior to the training event's registration deadline for processing. 2. Once approved, UET will submit payment to the vendor and mail an Attendance Verification Form to the home address indicated on your payroll records. PLEASE BE SURE THAT ALL ADDRESS CHANGES ARE MADE THROUGH YOUR PAYROLL OFFICE. 3. The Attendance Verification Form must be signed by the training representative. You must return this form to UET upon completion of the training to remain eligible for additional PE assistance during the next 12 calendar months. 	<input type="checkbox"/> Check here if applying for REIMBURSEMENT The following documents must be attached: <input type="checkbox"/> Proof of payment (paid statement, credit card statement, or both sides of a cancelled check) <input type="checkbox"/> Description of training event <input type="checkbox"/> Documentation of awarded credentials or certificate <input type="checkbox"/> Documentation such as a certificate or Attendance Verification form. <hr/> <input type="checkbox"/> Check here if applying for REIMBURSEMENT PRE-APPROVAL The following documents must be attached: <input type="checkbox"/> Description of training event <input type="checkbox"/> Documentation of credentials awarded
--	--

AGREEMENT: I agree that the information in this application is true and accurate to the best of my knowledge and belief. I authorize the training institution representative to release any information and other data regarding my participation in the short-term training event listed above to the Union Education Trust (UET) office. I understand that UET will keep all information regarding my participation confidential to the maximum extent of the law. I understand that UET will pay for only the approved short-term training event one time each fiscal year.

Signature: _____
Date: _____

MAIL, EMAIL, OR FAX YOUR APPLICATION TO:
 Union Education Trust
 P.O. Box 3270
 Westerville, OH 43086 Fax: 1-866-436-7983
 Email: support@uedtrust.org