



# Michigan Public Employees, SEIU Local 517M Technical Bargaining Unit Educational Training Fund Application Form

This form must be completely filled out in order to be eligible for reimbursement.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------|--|
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | Work Phone:                      |  |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                  |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                            | State: | Zip Code:                        |  |
| Employee Identification Number:                                                                                                                                                                                                                                                                                                                                                                                                                  |        | Work Location:                   |  |
| E-mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                  |        | Department:                      |  |
| Type of Reimbursement Requested(Circle one): Certification Tuition                                                                                                                                                                                                                                                                                                                                                                               |        | Date Hired Into Bargaining Unit: |  |
| Course Description:                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                  |  |
| Dates or Term of Course:                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                  |  |
| Dollar Amount Requested from Union (Maximum \$1500):                                                                                                                                                                                                                                                                                                                                                                                             |        |                                  |  |
| Dollar Amount Being Supplied from Department:                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                  |  |
| <p>By signing this form I hereby agree to all of the terms and conditions of the Collective Bargaining Agreement. I understand that this does not represent a guarantee of employment on behalf of the Union or the Employer. (Reimbursement is available only to employees who agree to continue employment with the State of Michigan for a minimum of one year). I certify that all information furnished in this application is correct.</p> |        |                                  |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | Date:                            |  |

**Please review the criteria on the next page for eligible expenses.**

### **Procedure to Request Reimbursement**

1. Complete this form and sign and date.
2. Obtain documentation from your Department stating what dollar amount is being supplied/ if any. If the amount is zero, include the reason for the denial.
3. Obtain documentation that your attendance at the course is related to your career with the state of Michigan.
4. Provide documentation that leave credits to attend have been approved.
5. Attach a copy of the information about the course.
6. Submit this information at least 10 working days prior to the start of the course to:

Cheryl Bollinger, SEIU Local 517M,  
1026 E. Michigan Ave., Lansing, MI 48912.

NOTE: Tuition reimbursement from an accredited university, virtual university, college, or community college shall not exceed 100% of allowable costs associated with the course when combined with any dollar amount received from your department.

**Upon completion of the class submit the following information within 45 work days of completion of the conference or course:**

1. Original receipts for all expenses.
2. A description on how the course has helped your professional development.
3. A detailed accounting of your expenses.

**Failure to adhere to the 45 day time frame will be cause for the cancellation of previously approved funding.**

Michigan Public Employees, SEIU Local 517M  
Technical Unit Educational Training Fund  
Criteria for Reimbursement Requests

---

- 1). The Technical Unit Educational Training Fund will provide full reimbursement of approved expenditures for any acceptable training, conference, college course, or certification request up to a maximum of \$500.00 per Fiscal Year. Reimbursements shall be limited to attendance in the United States of America and/or Canada.
- 2). Applications for reimbursement in an amount less than \$50.00 will not be considered.
- 3). Particular emphasis is placed on the reason for the Department's denial of the funding request.
- 4). If attendance is not during work time, a statement from the Department is required stating that the course, certification conference, etc. is related to the member's career with the State of Michigan.
- 5). Training that is required by the Department will not be considered for reimbursement.
- 6). Conferences/seminars/courses pertaining to computer technology and/or non-accredited correspondence courses will not be considered for reimbursement.
- 7). Tuition reimbursement when a course is taken for credit and a grade from an accredited university, virtual university, college, or community college is available only to members who agree to continue employment with the State of Michigan for a year after completion of the course.
- 8). Training reimbursement shall be limited to those costs associated with attendance or registration fees. Tuition reimbursement shall be limited to those costs associated with tuition and lab fees. The costs of transportation, lodging, meals, and miscellaneous expenses are not reimbursable.
- 9). Reimbursements shall be limited to pre-approved attendance (as opposed to retroactive) requests.
- 10). In order to qualify for reimbursement through the Educational Training Fund, the applicant must be a bargaining unit member at the time of completion of the seminar, conference, or course.
- 11). All eligible receipts shall be submitted to the SEIU Office within 45 days of the completion of the course, etc. Failure to comply will cause forfeiture of the applicant's previously approved Educational Training funds.
- 12). The Coordinator shall have a minimum of 10 working days, from the date the application is received in the SEIU Office, to respond to all reimbursement requests.
- 13). The Union reserves the right to revise these criteria when deemed necessary.

***It should be emphasized that each request will be reviewed within the context of these criteria on a case-by-case basis. Contact Cheryl Bollinger, Technical Unit Coordinator at (517) 482-1737, 1-866-517-SEIU, E-mail: [cbollinger@seiu517m.org](mailto:cbollinger@seiu517m.org)***