

**AA/EEO FEE ASSISTANCE PROGRAM
APPLICATION PROCEDURE AND CHECKLIST**

PLEASE KEEP THIS PAGE FOR YOUR RECORDS.

Completed applications are due by 5:00 p.m. on the 5th day of the month preceding the month in which the course begins and fees are due. For example: if your class begins on September 22, you must have your application in by August 5.

Send your completed applications to: AA/EEO Fee Assistance Committee
Staff Development Office
Ticon III, Second Floor
UCDHS
(916) 734-8697 (fax)

Process

Applications are reviewed monthly. Applicants will be notified by letter before the end of the month.

Conditions of Award

- Employees must be career staff employees with a minimum of one year of service.
- Training must assist the employee in obtaining his/her career goals at UC Davis.
- Only fully completed and timely applications will be reviewed. Incomplete applications will be returned to the employee.
- Employees funded through this program must submit proof of satisfactory completion (e.g., transcript or official course grade) **within two months** of the last class day of the course. Failure to provide proof of completion will result in the employee being held financially liable for all funded costs. Send proof to:
AA/EEO Fee Assistance Program
Staff Development & Professional Services
Tercero Trailer B
UC Davis Campus

Fee Assistance Award Procedure

- Payment of award will be made **prior** to the employee's participation in the course. No retroactive payments will be made.
- Up to \$500 may be awarded in a fiscal year to cover actual course/registration fees only. Up to \$1,500 may be awarded for a degree or certificate program. (A maximum of \$300 are given per application request.)

Other Information

Additional application forms may be obtained on the web at <http://sdps.ucdavis.edu> or from the Staff Development Offices on campus at 752-9682, or medical center at 734-2676. Questions may be directed to Kathryn Beckman (medical center) at (916) 734-2676 or to Nan Long (campus) at (530) 752-9682.

Applicant Checklist

- _____ 1. 3-Page Application for Affirmative Action Fee Payment
 - _____ 2. Copy of course announcement/description with dates and fees.
 - _____ 3. Survey for Statistical Purposes
- _____ Date application submitted.

AFTER COMPLETING THE APPLICATION AND CHECKLIST PLEASE DETACH THIS PAGE AND KEEP FOR YOUR RECORDS.

**APPLICATION FOR AA/EEO FEE ASSISTANCE
FOR CAREER-RELATED EMPLOYEE DEVELOPMENT PROGRAM**

**APPLICATIONS MUST BE RECEIVED NO LATER THAN THE 5TH OF THE MONTH
PRIOR TO THE MONTH THAT THE COURSE BEGINS**

Instructions: **Complete this application form for the course fee(s) requested.** Attach a completed "Survey for Statistical Purposes" sheet - then send to:

AA/EEO Fee Assistance Committee
Staff Training & Development
Ticon III, Second Floor
UCDHS.
(fax) 916-734-8697

Please print or type legibly.

Employee Name _____

Home Address _____

Street _____ City _____ State _____ Zip _____

Work Phone _____ E-mail _____

Years of Service with UC _____ Years of Service in Present Position _____

Department _____ Workplace: Campus UCDHS

Payroll Title _____ Work Hours* _____

Name of Course(s) _____ Number of Units _____

_____ Number of Units _____

Date(s) of Course(s): Begin _____ End _____

Time of Course(s)* _____ Own Time or Work Time

Training Institution Name _____

Course Fee(s) _____ and brief description of course(s) (**attach a copy of course(s) description**):

*This portion must be completed if the course is scheduled during employee's normal working hours.

TIME FOR COURSE ATTENDANCE:

Approved as time worked

Temporary work schedule adjustment

APPROVED _____

Supervisor

Date

Revised 11/00

PERSONAL STATEMENT OF PURPOSE

Answer the following questions completely. Incomplete applications will be returned. Use additional paper if necessary.

1. Briefly describe your present job duties.

2. Fully describe your career goals at UC. (*An Employee Development Plan* may also be attached.)

3. Degree or Certificate Objective: _____

4. Explain how this course/program relates to your career goals.

5. I have completed the following course(s) or program(s) toward meeting my UC career goals:

<u>Course Name</u>	<u>Date Completed</u>	<u>Institution/Agency</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Future coursework that I am planning to take in order to upgrade my skills and to meet my UC career goals:

<u>Course Name</u>	<u>Date Offered</u>	<u>Institution/Agency</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have you previously applied for Affirmative Action funds? Yes No

If yes, were you awarded funds? Yes No If yes, when _____ amount \$ _____

8. Do you expect to receive other UC funds to help pay for this course: Yes No

Source _____ Amount \$ _____

I meet the criteria for this application and I have: completed all information as requested,
 attached a course description.

Employee Signature

Work Phone

Date

Submit completed application materials to: AA/EEO Fee Assistance Committee, Staff Development Office, Ticon III, Second Floor, UCDHS

OR fax completed application materials to: 916-734-8697 (fax)

**AA/EEO FEE ASSISTANCE APPLICATION
SURVEY FOR STATISTICAL PURPOSES ONLY**

To assure full compliance with Federal and State Equal Opportunity/Affirmative Action requirements, the University collects and maintains statistical data on employees participating in training programs. Data will be utilized for compliance and statistical purposes only and will be kept confidential. Providing this information is voluntary. Non-completion of this section will not preclude, enhance or detract from your opportunity to participate in this program.

Please check one only:

Check any applicable:

- I. WHITE (Not of Hispanic origin)
 (F) White

- II. BLACK (Not of Hispanic origin)
 (A) Black/African American

- III. ASIAN OR PACIFIC ISLANDER
 (2) Chinese/Chinese-American
 (B) Japanese/Japanese-American
 (L) Filipino/Pilipino
 (R) Pakistani/East Indian
 (X) Other Asian

- Male
- Female

- (H) Disabled
- (V) Vietnam Era Veteran
- (S) Special Disabled Veteran
- (E) War/Campaign/Expedition Veteran

Time Designation:

- Release Time with Pay
- Adjusted Work Schedule
- Own Time (Outside Regular Work Hours)

- IV. AMERICAN INDIAN OR ALASKAN NATIVE
 (C) American Indian or Alaskan Native

- V. HISPANIC
 (E) Mexican/Mexican-Amer./Chicano
 (5) Latin-American/Latino
 (W) Other Spanish/Spanish-American

FOR STAFF DEVELOPMENT USE ONLY
Federal Occupational Codes:
_____ Officials/Managers
_____ Professionals
_____ Technicians
_____ Office & Clerical Workers
_____ Operatives
_____ Other _____

NAME: _____

DEPARTMENT _____

EMPLOYEE IDENTIFICATION NUMBER: _____ DATE: _____

FEDERAL PRIVACY NOTICE

In accordance with the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Employee Identification number is voluntary. This recordkeeping system was established pursuant to the authority of The Regents of the University of California under Article IX, Section 9, of the California Constitution. The principal use of the number is to verify your identity in the staff development record system for producing periodic reports related to affirmative action as required by the U.S. Department of Labor.

STAFF DEVELOPMENT & PROFESSIONAL SERVICES
Campus (530) 752-9682

TRAINING & DEVELOPMENT
UCDHS (916) 734-2676