Union Education Trust
Information Technology (IT)
Application Form

A CIP Specialty Education Program

DIRECTIONS: Please complete all information for the **VOUCHER** after selecting your school & course from the Union Education Trust website at www.uedtrust.org.   Complete the **Pre-PAYMENT** section only if the IT training provider is not listed on the UET website. Applications must be filled out completely and signed. Please allow 14 calendar days for processing vouchers. For pre-payment, allow 30 days for processing. If you have any questions regarding your application or the application process, contact the Union Education Trust at 1-866-436-7900 or by e-mail at support@uedtrust.org. VOUCHERS AND PRE-PAYMENT APPROVAL LETTERS WILL BE MAILED TO THE ADDRESS INDICATED ON YOUR PAYROLL RECORDS. Be sure that all changes are made through your payroll office.

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: _____

If you are requesting a VOUCHER, check this box ☐ and complete the following school & course information from the UET website:

Training Provider Name: _____   Location: _____

Course Name *(Select from the course list on the UET website)*	UET Course Number	Contact Hours	Cost of IT Training Course	Course Start Date
a.	_ _ _ . _ _ _ _		$	
b. Other Financial Assistance Received for IT Training Course:		Financial Aid Received:	$	
c. Subtract line (b) from line (a)		**Total Amount Requested:**	$	

SE-IT

If you are requesting PRE-PAYMENT, check this box ☐ and complete the following training information:

Training Provider Name: _____

Address: _____   City: _____   State: _____   Zip Code: _____

Telephone No.: _____   Training Start Date: _____

Training Course Title: _____

Description of Training Course: _____

Name of license or certification awarded: _____

Costs:

A.   Cost of IT Training Course: $ _____

B.   Other Financial Assistance Received for IT Training Course: $ _____

Total amount requested (Subtract B from A): *Amount cannot exceed $4,000.00.* $ _____

The following documents must be attached, if submitting application for Pre-Payment:
- ☐ **Copy of Training Description:** A publication describing the IT training outline and curriculum showing that the training is leading to a **license or certification** (other than a Certificate of Completion)
- ☐ **Completed and signed training registration form**
- ☐ **Cost of training**

1.   UET will pre-pay approved training.* Please allow **30 days prior to the training registration deadline** for processing.
2.   Once approved, UET will submit payment to the vendor and mail an approval letter to the home address indicated on your payroll records.
3.   Upon approval, participants must complete the training or obtain the license or certification within six months from the Training Start date listed above on this application.

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 IT training course 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. Further, I understand that UET will pay for an approved course only once.

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

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