

**PLEASE MAKE THIS INFORMATION AVAILABLE TO
CAREER STAFF EMPLOYEES**

January 11, 1999

DEANS, DIRECTORS, DEPARTMENT CHAIRPERSONS AND
CAMPUS/UCDHS ADMINISTRATIVE OFFICERS:

ATTENTION: CAREER STAFF EMPLOYEES

RE: AA/EEO Fee Assistance for Career-Related Training

All career staff employees (with a minimum of one year of service) who wish to take courses supporting their individual UC career plans may apply to the AA/EEO Fee Assistance Program. These funds are specifically for training that will assist the employee in obtaining his/her career goals at UC Davis. Training that primarily benefits the employee's present job is considered position-related and will not be funded through this program.

Applications for financial assistance may be submitted for enrollment in career-related courses offered by colleges, universities, or other training institutions such as University Extension. Courses offered by outside institutions that duplicate those available through Campus/UCDHS Staff Development or through University Extension may not be approved. Due to budgetary constraints, funds are not available to pay for conferences, professional meetings, or professional continuing education programs.

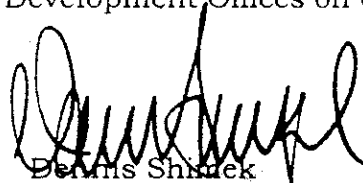
Applications must be submitted prior to incurring the fee expenditure and with sufficient time to allow full consideration by the committee before the first class session. No retroactive payments will be made.

Up to \$300 may be awarded in a fiscal year (July through June) to cover actual course/registration fees only. Funds are NOT available for books, travel, parking, etc.

Priority is given for training that:

1. assists career employees to gain skills and the ability to compete for positions where their presence will increase the diversity of the workforce at UCD, including UCDHS;
2. relates to the employee's career goals at UCD;
3. leads to a degree or certificate program.

The attached application packet is available on the web at <http://sdps.ucdavis.edu> or you can obtain additional applications from the Staff Development Offices on campus (752-9682) and at the medical center (734-2676).


 Dennis Shreek
 Associate Vice Chancellor --
 Human Resources & Risk Management

Attachments

Directive #99-004

**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: Submit a separate application form for each course fee 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. Please print or write legibly.

Employee Name _____

Home Address _____
Street City State Zip

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

Department _____ Workplace: Campus _____ UCDHS _____

Payroll Title _____ Work Phone _____

Name of Course _____

Date of Course: Begin _____ End _____

Time of Course* _____ Own Time _____ Work Time _____

Training Institution Name _____

Course Fee _____ and Brief description of course (include a copy of course 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

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 participated in the following course(s) or program(s) toward meeting my UC career goals:

Course Name Date Completed Institution/Agency

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

Title Date Offered Institution/Agency

Have you previously applied for Affirmative Action funds? Yes _____ No _____

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

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

Work Phone

Date

**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:

- 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

Check any applicable:

- Male
- Female
- (H) Disabled
- (V) Vietnam Era Veteran
- (S) Special Disabled 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
 (S) Latin-American/Latino
 (W) Other Spanish/Spanish-American

<p>FOR STAFF DEVELOPMENT USE ONLY</p> <p>Federal Occupational Codes:</p> <input type="checkbox"/> Officials/Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Technicians <input type="checkbox"/> Office & Clerical Workers <input type="checkbox"/> Operatives <input type="checkbox"/> Other

NAME: _____

DEPARTMENT: _____

SOCIAL SECURITY NUMBER: _____ DATE: _____

FEDERAL PRIVACY NOTICE

In accordance with the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security 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 & TRAINING OFFICES

Campus #(530) 752-9682

Medical Center # (916) 734-2676