

Use this form to add/remove an education allowance or update your HCA Directory status. Supporting documents must be submitted with this form. One form is required for each request.

Requests will not be processed if supporting documents are not provided with this form.

Employee Information					
Employee Name			Emplo	oyee ID	Record No.
Request: Add Allowance/Premium Remove Allowance/Premium			Update Education Only No Allowance		
Education/Certificate Information – All Fields are Required for Processing					
Name of School		Province (for Schools in Canada)			
Date Successfully Completed Requirements Name on Certific		cate (if different from above)		School is out of Country	
Education/Certificate Description (e.g. Health Care Aide, Midwife, Nursing Degree)					
Health Care Aide Directory Status					
 Certified Substantially Equivalent Deemed Competent (Competency Assessment Profile completed) 		To ensure timely processing, submit a copy of your educational credentials with your HCA Directory Status.			
 Certified – In Progress Substantially Equivalent – In Progress Deemed Competent – In Progress (Competency Assessment Profile In Progress) 		For In Progress competencies, indicate the expected completion date below (date must be within 12 months of date of hire). Date (yyyy-Mon-dd)			
Employee Signature					
I declare that the documentation and information provided is full and accurate and that false information or altered documentation may result in discipline.					
Employee Signature		Date (yyyy-Mon-dd)		Phone Number	
EMPLOYEE FORM SUBMISSION: Submit proof of eligibility and the completed form through the HR Contact Centre ServiceHub. You must have your network credentials to submit through the ServiceHub. Refer to your Employment Agreement on the New Employee Page on how submit your request through the HR Contact Centre ServiceHub.					
HR Business Support & System Solutions Authorization only					
Comments			Effective Da	ate (yyyy-Mon-dd)	
Name (Please print)	ase print) Signature			Date (уууу-М	1on-dd)

Your personal information on this form is collected under the legal authority of section 33 (c) of the Freedom Information and Protection of Privacy Act. The information will be used by or disclosed for employment purposes. For questions, concerns or more information about the collection, use of disclosure of your personal information, please contact the HR Business Support and System Solutions Team at 1-844-442-9011 or by email at <u>HRBusinesssupport@covenanthealth.ca</u>.