

Strada Hawai'i Government Employee STEM Workforce Fund - Pilot

Purpose: To provide just-in-time training opportunities for Hawai'i city, state, and federal agencies to improve or upgrade the skills of their workforce in science, technology, engineering, and/or math (STEM).

Description: The fund will provide tuition assistance of up to 50% of the first \$800 of a STEM course, not to exceed \$400 per course. If the cost of the STEM course is less than \$800, the fund will provide up to 50% assistance; e.g., if the cost of the course is \$500, the fund will provide \$250 assistance. Depending upon availability of funds, agencies may request more than one course per employee.

To Qualify:

1. Employers must be a city, state, federal agency, non-profit, or a government contractor in Hawai'i. If the employer qualifies for the State of Hawai'i Workforce Development Division Employment & Training Fund, they do NOT qualify for the Strada STEM Workforce Fund.
2. Employers must utilize an existing STEM course or may customize a STEM course at the University of Hawai'i (UH) Pacific Center for Advanced Technology and Training (PCATT). PCATT is a consortium of the UH Community Colleges. Participating PCATT training providers include the continuing education offices at the Community Colleges of Hawai'i, Honolulu, Kapiolani, Kauai, Leeward, and Windward; and UH Maui College.
3. The trainee must be a current full time employee of a Hawai'i city, state, federal agency, or government contractor; a Hawai'i resident; and be employed when the training ends. The trainee cannot be a temporary or casual hire.
4. The training must be completed by September 29, 2017.
5. If the employer is unable to pay for employee's portion of the tuition due to unavailability of department training funds, the employee may pay their portion directly to the PCATT campus, and the employer must fill out and sign Section 1 of this application.

Section 1: Agency Application and Agreement

Agency Name		Authorized Representative Name and Title		
Address, City, and Zip		Email	Phone	
If county agency, name of county	Number of employees to be trained under this request		Total amount requested	
			\$	
Please explain why the training is needed, e.g. changes in technology, new software, promotion, job duties, etc.				

Employee and Course Information (add additional rows if necessary)

	Employee Last	Employee First	Job Title	Course Title	Course Start – End Date	Total Cost of Course
1						
2						
3						

4						
5						
6						

Agency: I certify that 1) the requested training is necessary to improve or upgrade the workforce skills of the employee(s) listed above, 2) our agency does not already provide for the requested training, 3) the employee(s) listed below is/are (a) full time employee(s) of the agency, 4) the employee(s) is/are Hawai'i residents; and (5) the information provided herein is true, and if proven false may result in the revoking of access to the STEM Workforce Fund.

The agency or employee understands the STEM Workforce Fund is defined as 50% tuition assistance for the cost of the first \$800 of the course, not to exceed \$400 per course and the agency or employee agrees to 1) pay the remaining tuition directly to the PCATT campus prior to the course start date, 2) notify the PCATT campus of any enrollment cancellations or substitutions at least five days prior to the start of the course, and 3) participate in any requested relevant training evaluations and/or follow-up surveys. It is understood that the agency or employee will be responsible for any costs incurred for not complying with the above terms and failure to do so may result in the agency or employee being suspended or disapproved from accessing the STEM Workforce Fund.

Authorized Agency Representative Signature	Date

Check one:

<input type="checkbox"/>	Agency/employer will pay for the course(s)
<input type="checkbox"/>	Employee will pay for the course(s)

If employee is paying for the course, fill out this box:

Employee Name (print)	Employee Signature	Email	Phone

Section 2: PCATT Campus Information

PCATT Campus	Campus Representative Name (Print)	Signature	Date

Administrator Approval (PCATT HonCC)

Administrator Name (Print)	Signature	Date