

SALARY REPLACEMENT REQUEST

Level 1 Foundational Preceptorship or Level 1 Advanced Preceptorship

- Please note, this workshop is intended for staff members who will be actively involved in preceptoring/mentoring staff or students.
- **Individuals will be paid as usual by their home unit (code as Paid Education).** Completion of this form means unit will be reimbursed for employee's paid education hours.
- **Managers:** complete approval section in full to receive salary reimbursement from Clinical Education. Upon confirmation of attendance at the workshop, salary replacement dollars will be calculated (to a maximum of **7.5 hours straight-time**) and transferred to the cost centre indicated on this form.
- **Forms must be submitted within 2 weeks of completing the workshop.**

COURSE INFORMATION

Check one: Level 1 Foundational Preceptorship
 Level 1 Advanced Preceptorship

Date of Workshop _____ Location of Workshop: _____

PARTICIPANT DETAILS

Name: _____ Employee ID# _____
(Last) (First)

Employment Status: Full-time Part-time Casual Discipline/Job Title: _____
(i.e. RN, LPN, PCA, PT, etc)

CoC (check one): Van Community Van Acute Rich North Shore/Coast Garibaldi

Work Site: _____ Department: _____ Hourly Rate: _____

Practice Setting: Acute Care Community Mental Health Long Term Care Primary Care

MANAGER APPROVAL

Cost centre information below must be provided. Upon confirmation of attendance at the workshop, salary replacement dollars will be transferred to the cost centre indicated. If you do not complete this information, the funds can not be transferred. Individuals should be paid as usual by home unit (code as Paid Education), and unit will be reimbursed.

COST CENTRE TO TRANSFER SALARY REPLACEMENT TO:

SITE (3 digit)

COST CENTRE/DEPARTMENT (8 digit)

Manager's Signature: _____

Date: _____

Manager's Name (print): _____

email: _____

RETURN COMPLETED FORM to:

Email scanned copy to EducatorPathway@vch.ca OR -

Attn to: Manny Cabral, Clinical Education, Rm 327 Doctor's Residence 2775 Heather OR -

FAX: 604-875-5737