

# Education Request



www.cupe5167.org

Name: \_\_\_\_\_

Work Place Location: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of request: \_\_\_\_\_ Signature \_\_\_\_\_

Only Pick One Course: \_\_\_\_\_

Have you completed your probationary period? Yes [  ] No [  ]

Are you a steward? Yes [  ] No [  ]

Are you currently a member of any 5167 Committees? Yes [  ] No [  ]

If YES, please state: \_\_\_\_\_

What education are you interested in taking and how will this benefit the local in assisting members? \_\_\_\_\_

\_\_\_\_\_

Date of education: \_\_\_\_\_ Duration of education: \_\_\_\_\_

Location of education: \_\_\_\_\_

Method of Transportation: Own Car [  ] Car Pooling [  ] Public Transportation [  ]

If approved, do you require booked off time from work to attend? Yes [  ] No [  ]

Please indicated Dates and Times of the Leave of Absence: \_\_\_\_\_

**Please submit your request as soon as possible by email to [jenkins@cupe5167.org](mailto:jenkins@cupe5167.org) and [office@cupe5167.org](mailto:office@cupe5167.org) or fax to 905-522-4011**

**All approvals will be subject to CUPE Local 5167 Education Committee, Education Policy, budgetary requirements and availability.**