

Education Request



Name: _____

Work Place Location: _____

Contact Number: _____

Email: _____



www.cupe5167.org

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 stonehouse@cupe5167.org and 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.