

## EDUCATION REQUEST FORM

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Location: \_\_\_\_\_

Requested Course (*please choose ONE*): \_\_\_\_\_

Date of Education: \_\_\_\_\_ Duration of Education: \_\_\_\_\_

Location of Education: \_\_\_\_\_

Method of Transportation: Personal vehicle  Carpooling  Public transit

Has your probationary period ended? Yes  No  Are you a steward? Yes  No

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

➤ If yes, please state: \_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_

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

➤ If yes, please indicate the exact date(s)/time(s) of the shifts you need booked off:

Date(s): \_\_\_\_\_ Shift Time(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_

Please explain how this course will help you and the local assist the membership:

\_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_ Signature: \_\_\_\_\_

### FOR COMMITTEE USE ONLY

Number of past requests **approved** \_\_\_\_\_ and **denied** \_\_\_\_\_ **CURRENT REQUEST:** Approved  Denied

Reason for approval/denial: \_\_\_\_\_

**Please submit your request ASAP to [stonehouse@cupe5167.org](mailto:stonehouse@cupe5167.org) and [office@cupe5167.org](mailto:office@cupe5167.org) or fax to 905-522-4011. All requests are subject to the CUPE Local 5167 Education Committee's approval, the Education Policy, budgetary allowances, and availability.**