

Education Form

Name: _____ Phone number: _____
 Email Address: _____ Work Location: _____
 Has your probationary period ended? Yes No Are you a steward? Yes No
 Are you currently a member of any 5167 Committee? Yes No
 If yes, please state: _____
 Do you have any dietary or allergy items? Yes _____ No

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

Date of Education:

Duration of Education:

Location of Education:

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

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): _____

Date(s): _____ Supervisor: _____

Date of Request:

Signature:

EDUCATION COMMITTEE USE ONLY

No. of previous educations: approved ____ denied: ____ **Decision: Approved ____ Denied ____**

Reason for denial: _____

Please submit your request ASAP to office@cupe5167.org

*All requests are subject to the CUPE Local 5167 Education Committee's approval, the Education Policy, budgetary allowances, and availability.

**If you have any questions about education, please contact the Education Coordinator:
 Virginia Stonehouse at education@cupe5167.org**