

CUPE Local 5167 (905)-522-0917 886 Barton St E Ham ON L8L 3B7

Date of request:	Work Location:				
Unit: Airport City	DARTS Good Shepherd	Lodges RBG			
First Name:	Last Name:				
Personal eMail:					
Has your probationary pe	riod ended? Yes 📃 No 🗌				
Are you currently a mem	per in good standing? Yes	No 🗌			
Are you a current steward	l? Yes 📄 No 📄				
Do you have any food all	ergies? Yes Please list:		No		
Are you currently on any	5167 Committees (list)?				
Requested Education (ple	ase choose ONE):				
Date of Education:	Locatio	on of Education:			
Please explain how this c	ourse will help you assist OUR	R UNION membership:			

If approved, do you require a leave of absence (LOA) from work to attend? Yes No If yes, please indicate the dates and times of your shifts you need time off to attend:

Date	Start Time	End Time	Unpaid Lunch (-)	Total Hours Paid

Supervisor First Name: ______ Supervisor Last Name: _____

Please submit your request to office@cupe5167.org

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

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