

# Training Request Form

this form is submitted in accordance with Article 17:01(b) of the CUPE 3902 Collective Agreement

Name of employee.....

Social Insurance Number.....

**OR**

Personnel Number.....

Course in which employee is employed.....

Name of course supervisor.....

Is this a subsequent appointment YES NO

Hours of appointment.....

Nature of training requested.....

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Time and location of training.....

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.....

Approved by

.....

(supervisor)

(date)

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(to be completed by seminar leader)

I certify that the above person attended a training seminar lasting:

1 hour      2 hours      3 or more hours

Signed.....

.....

Title

Date