

# TRAINING REQUEST FORM

this form is submitted in accordance with Article 17:01 of the CUPE 3902 Unit 1 CA



Name of Employee: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

**OR**

Personnel Number: \_\_\_\_\_

Course in Which You are Employed: \_\_\_\_\_

Name of Course Supervisor \_\_\_\_\_

Is this a subsequent appointment?                      YES                      NO

Hours of appointment: \_\_\_\_\_

Nature of training requested: \_\_\_\_\_

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

Time and location of training: \_\_\_\_\_

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

Approved by:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

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(to be completed by seminar leader)

I certify the above-named person attended a training seminar lasting:

1 hour                      2 hours                      3 hours                      4 hours

Signed: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date