



## CANADIAN UNION OF PUBLIC EMPLOYEES

### LOCAL 2348

#### Workshop / Education Request Form - Info

All applications must go through CUPE Local 2348.

Apply early! Some workshops fill up fast. We set application deadlines at least one month prior to give the Education Committee time to process requests and contact members.

Complete the Local's Education Request form and send it to [education2348@gmail.com](mailto:education2348@gmail.com) & [cupe2348@mymts.net](mailto:cupe2348@mymts.net)

The Education Committee will notify you by e-mail once a decision has been made. If you have not heard from us within a week, please contact us by phone or e-mail.

#### DID YOU KNOW?

Local 2348 will reimburse your employer for lost wages for any union training that falls during scheduled work hours.

The Local will pay for all registration fees for approved members.

You may be eligible for a per diem, mileage, and other expenses. If you are unsure whether or not you are eligible, please contact the local office or refer to our policy manual.

Your Collective Agreement will have language about union training. Make sure to read it so you are aware of your rights to education!

#### WHAT HAPPENS NEXT?

Attend your workshop, school, or conference.

If you cannot attend, please contact the Local office ASAP so your spot can be filled by another member.

Complete a Report Back to the Local's Education Committee and submit any expense forms.

Come to a Local 2348 General Membership meeting and share your experience with us!

Share your knowledge with co-workers and friends!

If you have any questions, please contact the Local office at: (204) 944-9408



**CANADIAN UNION OF PUBLIC EMPLOYEES**

**LOCAL 2348**

**Workshop / Education Request Form**

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**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

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**WORKSHOP TITLE:** \_\_\_\_\_

**WORKSHOP LOCATION:** \_\_\_\_\_

**WORKSHOP DATE(S):** \_\_\_\_\_

**REASON FOR ATTENDING:** \_\_\_\_\_

**TRANSPORTATION REQUIRED?** \_\_\_\_\_ **(IF NONE LEAVE BLANK)**

**ACCOMMODATION REQUIRED?** \_\_\_\_\_ **(IF NONE LEAVE BLANK)**

\*DIGITAL SIGNATURE PREFERRED\*

**SIGNATURE:** \_\_\_\_\_

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FOR OFFICE USE ONLY

**APPROVED BY:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_