



MEMBER EDUCATION REQUEST FORM

PLEASE PRINT CLEARLY



Member's Name:		Phone Number:	
Mailing Address:			
Emergency Contact		Emergency Number:	
Email address:			
Employer / Work Site			
Supervisor Name(s):			
Course Title:			
Start Date		End Date	
Is a Car Rental Needed:	Special Requests (diet, medical, roommate):		
<p>Please explain why you want to take this education, how it will benefit you and/or the Union.</p>			
SIGNATURE: _____		DATE: _____	

FOR OFFICE USE ONLY

Date Reviewed by Committee

Accepted by Committee

Declined by Committee

Reason for Decision

Committee Person Signature

Time Off
Request Sent

Time Off
Approved

Did He/She Attend

Approved by: _____ Date: _____