

## **MEMBER EDUCATION REQUEST FORM**



Member's Name:	Workplace	
Address:	☐ Fraser	
	☐ Strathcona Mill	
Phone Number:	☐ Nickel Rim	
Social Insurance Number:	☐ Smelter	
(for payroll purposes)		
Email address:		
Supervisor's Name:	I	
Course Name:	Date of Course (start to finish)	
Emergency Contact:	Current Wage Rate:	
	Cola:	
Emergency Number:	TOTAL HOURLY RATE:	
	Vacation Percentage:	
Car Rental Needed:	Special Requests (diet, medical, roommate):	
Please explain why you want to take this education, how it will benefit you and/or the Union.		
	<del>-</del>	
SIGNATURE:	DATE:	

FOR OFFICE USE ONLY		
Date Reviewed by Committee		Accepted by Committee
		Declined by Committee
Reason for Decision		
		Committee Person Signature
		Committee Person Signature
	П=	□ <i>(a.</i> ·
☐ Time Off Request Sent	☐ Time Off	☐ Did He/She Attend
	Approved	
Approved by:		Date: