

COMPANY TRAINING REQUEST FORM

Please fill in all information completely and correctly. If information is missing or filled out incorrectly the training request may be delayed or not processed in a timely matter. A full list of courses can be found at www.local8.ca/training

All submissions are to be emailed to jason@local8.ca

Company Name: _____

Your name: (be sure to include title/position)

Email: _____

Phone number (best number to reach you at): _____

Name(s) of member(s) to be trained (please include middle initial if you can) and course required:

Name: _____ Training Required: _____

Name: _____ Training Required: _____

Name: _____ Training Required: _____

Name: _____ Training Required: _____

Name: _____ Training Required: _____

Name: _____ Training Required: _____

Name: _____ Training Required: _____

Name: _____ Training Required: _____

Name: _____ Training Required: _____

Preferred dates of training (if applicable)

Checklist:

- Is the foreman/supervisor aware/informed of the training to take place?
- Have they confirmed that the dates will work with the schedule?
- Have all persons been confirmed as members of the SMART Local 8 union?
- Have all safety certificates been confirmed to expire (some may have taken training you aren't aware of)?

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OFFICE USE ONLY:

Date received: dd__mm__yy__ Receiver: _____

Follow up/notes:

Processed: dd__mm__yy__ Confirmation(s) sent: dd__mm__yy__