CUPE 3906 / Canadian Union of Public Employees

CUPE Local 3906 UNIT 2 LIMITED TRAINING FUND AWARD APPLICATION FORM

INSTRUCTIONS: Please complete Parts 1, 2, and 3. Please type or print clearly and sign in the "signature" box. Please submit completed forms **via email to staff@cupe3906.org no later August 31 of the current academic year.**

Part 1: Member Information

NAME:	**EMPLOYEE NUMBER:**
EMAIL ADDRESS:	**DEPARTMENT(S) OF EMPLOYMENT AS A CUPE 3906 UNIT 2 MEMBER:**
MAILING ADDRESS:	

☐ **I understand that my cheque will be mailed to the address above.**

Part 2: Eligibility Requirements (you MUST submit a copy of your registration email or certificate of completion)

Name of Training Completed:	**Date of Completion:**

Additional pages may be appended if necessary

Part 3: Member Signature

I submit this claim as a member in good standing with CUPE Local 3906. I am aware that any false information given will result in my immediate disqualification from this benefit, and could result in further legal action.

Signature of Applicant:	**Date:**