

CUPE LOCAL 30 EDUCATION APPLICATION

School Name: _____

Name _____ Payroll# _____ (Required)

Address: _____

Postal Code: _____ E-Mail: _____

Phone Home # _____ Work # _____ Cell # _____

Supervisors Name: _____ (Required for LWO)

Phone # _____ Email _____

Work Days: Sun ____ Mon ____ Tue ____ Wed ____ Thu ____ Fri ____ Sat ____

of Hours _____ (8 or 10) Shift Scheduled: _____

Classification: _____ Rate of Pay: _____

Name of Course

- First Choice _____
- Second Choice _____
- Third Choice _____

Please outline how this Education will benefit the Local or the Labour movement.

Please list any Union "In-Town" Schools

Please list any Union "Out-of-Town" Schools

Please send or fax a copy of your Application to CUPE Local 30

Attention: Education Committee
10654 - 101 Street, Edmonton, Alberta T5H 2S1
Fax: 425-7753 Email: local30@shawbiz.ca