

# CUPE LOCAL 30 EDUCATION APPLICATION

*School Name:* \_\_\_\_\_

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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: \_\_\_\_\_

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*Name of Course*

- First Choice \_\_\_\_\_
- Second Choice \_\_\_\_\_
- Third Choice \_\_\_\_\_

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

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Please list any Union "In-Town" Schools

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

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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](mailto:local30@shawbiz.ca)