



CUPE Local 2262 Education Request Form

#9 1250 26th Street, Castlegar, British Columbia V1N 4C9, Canada

Return to an Executive Team member 2262cupe@gmail.com

** Confidential – For CUPE Local 2262 Use Only*

“Investing in our members for a stronger future.”

If you’ve found a course, seminar, or training opportunity that interests you and could benefit CUPE Local 2262 members, we want to hear about it! Please complete this form and submit it for consideration.

SECTION 1: MEMBER INFORMATION

Full Name: _____

Preferred Name (if different): _____

Phone (Primary): _____ Phone (Secondary): _____

Email: _____

Employer: _____

Job Title: _____

Worksite Location: _____

Length of Employment with Current Employer: _____ years/months

SECTION 2: UNION INVOLVEMENT

Briefly describe your involvement with CUPE Local 2262:

How many CUPE Local 2262 meetings have you attended in the past 12 months?

☐ 0 ☐ 1-3 ☐ 4-6 ☐ 7+

SECTION 3: COURSE DETAILS

Course/Seminar Name: _____

Organizing Institution: _____

Course Description (Attach Additional Information if Necessary):

Course Date(s): _____

Location: _____

SECTION 4: COST ESTIMATE

Please provide an estimate of all costs associated with this training.

	Estimated Cost \$
Course/Registration Fees	_____
Travel (Mileage, Airfare, etc.)	_____
Accommodations	_____
Meals	_____
Wages (if applicable)	_____
Other (specify)	_____
Total Estimated Cost	_____

Would you be willing to contribute any personal funds toward this training if necessary?

☐ Yes ☐ No

SECTION 5: JUSTIFICATION & IMPACT

How will this course benefit you and CUPE Local 2262 members?

How do you plan to share what you learn with the union (e.g., presentation, workshop, report, mentorship)?

SECTION 6: MEMBER AGREEMENT

I confirm that the information provided is accurate and that I am requesting financial support from CUPE Local 2262 for this training opportunity. I understand that if approved, I may be required to share knowledge gained with the membership.

Member Signature: _____ Date: _____

Return to an Executive Team member or 2262cupe@gmail.com

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☐ Approved ☐ Not Approved

Comments: _____

Reviewed By: _____ Date _____

Follow-Up Actions:

☐ Member Notified ☐ Expense Reimbursement Processed ☐ Post-Training Report Received

☐ Verified by CUPE Representative