

**LABOR-MANAGEMENT COMMITTEE  
TRAINING APPLICATION**

To arrange a Labor-Management Committee (LMC) training program at your agency/facility worksite, complete this application and mail or fax it to the NYS & CSEA Partnership at the address and fax number above. Please submit one application for each request. If you are submitting multiple applications, number your requests in priority order with number one being the highest priority.

This is a fillable form and may be completed electronically. Once the form is open, click next to the field to be completed and insert your text. Once the form is completed, please print and obtain the required signatures. You can save a copy of the completed form or it may be printed and completed by hand.

**Agency/Facility and Participant Information**

Agency Name: \_\_\_\_\_

Facility Name (if applicable): \_\_\_\_\_

Total number of committee members: \_\_\_\_\_

Number of management representatives: \_\_\_\_\_

Number of labor representatives: \_\_\_\_\_

**Course Information and Location**

State the title of the course you are requesting: \_\_\_\_\_

Specify the preferred date(s) and time(s) for the LMC assessment (if applicable):

Specify the preferred date(s) and time(s) for this training:

Reason(s) for requesting this training:

Explain how you expect this training to benefit your agency/facility, your employees' work lives, and the labor-management relations climate:

**After Labor-Management Committee Training:**

As part of the labor management committee training process, it is suggested that Partnership staff be invited to attend one of your next LMC meetings to provide feedback and support. Four months after the training, a survey will be sent to the members of the LMC. Additional details regarding this will be discussed at the conclusion of the training.

**Labor-Management Certification:**

By submitting this application, the management representative and CSEA local president noted below certify that all information contained in this application is accurate and complete. The assessment of training needs and development of this training is the result of joint labor-management collaboration. The management representative and the CSEA local president will continue to be involved in all aspects of course arrangements and delivery.

**Management Representative\***

**CSEA Local President**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

CSEA Local Number: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

\*Management representative must be a personnel director, training director, facility director, or equivalent.

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submitting Application in Hard Copy:** A signature is required by both the management representative and CSEA local president indicated above. The Partnership will contact you regarding the next steps.

*The NYS & CSEA Partnership for Education and Training does not discriminate on the basis of race, color, national origin, gender, religion, age, disability or sexual orientation in employment, admission or access to its programs or activities. Reasonable accommodation will be provided upon request.*