

## WORKSITE TRAINING APPLICATION

*(Please type or print)*

To request training at your agency or facility, complete this application and mail, fax, or email (listed above) to the NYS & CSEA Partnership. If requesting multiple classes, please submit application form for each.

This is a fillable form and may be completed electronically. Once the form is open, left-click on the field to be completed, and type your text. Once completed, print and obtain the required signatures. You can save a copy of the completed form if filled out on your Personal Computer (without signatures). The form may also be printed and completed by hand.

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

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

Exact Number of CSEA-represented NYS employees targeted to participate: \_\_\_\_\_

Titles or general positions of targeted employees: \_\_\_\_\_

If applying for Safety and Health training ONLY, how many participants from other bargaining units? \_\_\_\_\_

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Course name you are requesting: \_\_\_\_\_

Describe why you see a need for this training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain how you expect this training to benefit both employees and the worksite: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the labor-management process you followed to select participants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed training site location and full address:**

Agency: \_\_\_\_\_ Facility: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

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

City/NY/Zip: \_\_\_\_\_

**Preferred training date(s) and time(s) (at least eight weeks after submission of application):**

First Choice: Date(s): \_\_\_\_\_ Start &amp; End Times: \_\_\_\_\_

Second Choice: Date(s): \_\_\_\_\_ Start &amp; End Times: \_\_\_\_\_

Provide name of site contact for this course responsible for making all arrangements (confirming course content with participants, scheduling training space, receiving materials, preparing course roster, meeting instructor at start of training):

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

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

City/NY/Zip: \_\_\_\_\_

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

**Labor-Management Contact Information**

By submitting this application, the management representative and CSEA local president certify all information contained in this application is accurate and complete. The assessment and development of this training request has been a joint collaboration and the management representative and CSEA local president will be involved in all aspects of course arrangement and delivery.

**CSEA Local President**

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

Agency: \_\_\_\_\_ Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City/NY/Zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Management Representative (personnel director, training director, facility director, or equivalent)**

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

Agency: \_\_\_\_\_ Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City/NY/Zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_