| | UET | Comm | Labor-Management hittee Effectiveness Training Request Form | | | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------|--|--|--|
| | Union Education Trust Shaping Your Future | | | | | |
| | Shaping Tour Foure | | Date: | | | |
| * | Program Description: | | | | | |
| | The purpose of this program is to improve labor-management committee (LMC) relationships, and enhance <i>Committee Effectiveness</i> in resolving conflicts, setting goals, solving problems, and conducting meetings. All statewide and district LMCs, including Health and Safety committees, are eligible to participate in this program. | | | | | |
| | This training program includes pre- and post assessments and up to two (2) facilitated committee meetings. | | | | | |
| * | Instructions: | | | | | |
| | Labor-Management committees requesting training under this program must reach consensus on the target audience, and: | | | | | |
| | Complete this request form. Secure signatures from union and management leaders. Submit the form to: Union Education Trust, 390 Worthington Rd., Ste. C; Westerville, OH 43082. | | | | | |
| * | Please select the program you are requesting: (Check One) | | | | | |
| | This is a request for the comprehensive, three-day training program | | | | | |
| | This is a request for the one-day refresher training program | | | | | |
| * | Target Audience: (specify the participating I-m committee and the number of participants) | | | | | |
| | | | | | | |
| | Labor-Management Committee Contacts | | | | | |
| | Union Contact Perso | n | Management Contact Person | | | |
| | Name: | | Name: | | | |
| | Title: | | Title: | | | |

| Fitle: | Title: |
|----------|----------|
| Address: | Address: |
| | |
| Fel.: | Tel.: |
| Fax: | Fax: |
| e-mail: | e-mail: |
| | |

Sign-Off: (Box must be checked)
 Agency agrees to pa

Agency agrees to pay for wages and travel expenses for participants.

| Union Leader Signoff | Agency Director Signoff |
|----------------------|-------------------------|
| Name: | Name: |
| | |
| Signature: | Signature: |
| Date: | Date: |

1

-