



Federation of Support Staff

Cook County College Teachers Union, Local 1600

1FT/AFT - AFL/CIO

Employee Name: _____ Employee ID#: _____

Department: _____ Division: _____

Name of Company/Institution
Offering Training/Seminar: _____

| Course Title | Date | Cost |
|--------------|------|------|
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I certify that I am a member of the Support Staff Collective Bargaining Unit or Fair Share participant at Prairie State College and have been employed for at least six (6) months. I certify that I have read and understand the procedures concerning this benefit.

Employee Name: _____ Date: _____

Employee's Signature: _____ Date: _____

Please attach all pertinent information to this form and have your supervisor sign below. Then have this approved by Cheron Ricks, then forward to Human Resources Department, Office 2402, for processing.

Supervisor: _____ Date: _____

Union President/Designee: _____ Date: _____

Human Resources Authorization: _____ Date: _____