



NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS
JOINT LABOR-MANAGEMENT COMMITTEES

NYS/UUP JLMCS' SUNY SYSTEM-WIDE APPLICATION

ENHANCE YOUR SUPERVISORY SKILLS

***Please complete this application and return it to the NYS/UUP Joint Labor-Management Committee by:
February 9, 2017***

DATE: February 16, 2017
9:00 a.m. – 4:30 p.m.

LOCATION: SUNY Downstate Medical Center
Basic Science Building - Conference Room 7-1

I. APPLICANT INFORMATION

Name: _____ Title/Rank: _____

Division/Department/Program: _____

Campus: _____

Work Mail Address: _____

Work Telephone: _____ Work Email: _____

Applicant Signature: _____ Date: _____

II. Why are you interested in taking this course?

III. What are your expectations?



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IV. APPROVAL OF DIVISION/DEPARTMENT/PROGRAM

The applicant is approved for the following to attend this course:

release time

reimbursement of travel expenses

Name (Print): _____ Title: _____

Work Phone: _____ Email: _____

Signature: _____ Date: _____

III. SUBMIT YOUR APPLICATION

Mail: NYS/UUP/JLMC
2 Empire State Plaza, 13th Floor
Albany, New York 12223

Email: nysuuplmc@goer.ny.gov

Fax: 518.486.9220

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