New York State/United University Professions
Joint Labor-Management Committees

SUNY System-Wide Staff Development Workshop Request Form

Complete this form to request delivery of workshops for an individual campus or multi-campuses on behalf of your campus. This form must be signed by the Campus President or designee and the UUP Chapter President. Processing a request may take several months so please plan accordingly.

NOTE: *Please complete a separate form for each workshop requested.*

REQUESTED WORKSHOP:

- ☐ **Managing Change with Skill and Finesse**
- ☐ **Enhance Your Supervisory Skills**
- ☐ **Respectful Communications and Conflict Resolution**
- ☐ **Other** _____

I. CONTACT INFORMATION (EITHER MANAGEMENT OR UNION REPRESENTATIVE)

Name _____ Title/Rank_____

Department/Program/Unit_____ Campus _____

Work Mail Address _____

Work Phone (_____) _____ Work Email _____

II. WORKSHOP INFORMATION

a. **Site**

Specify the preferred site for delivering the workshop _____

b. **Timeframe**

Specify the preferred timeframe for delivering the workshop. (Be as specific as possible and include preferred month and year)

_____

c. **Target Audience**

1. Estimated number of UUP represented participants _____ Your Campus _____ Other Campuses_____
2. Title(s)/rank(s) of target audience _____
3. Other participating campuses _____ _____ _____
4. Please specify any reasonable accommodations that you are aware of that must be provided.

_____

CAMPUS PRESIDENT OR DESIGNEE

Name_____ Title/Rank _____

(Print)

_____ Date _____

(Signature)

UUP CHAPTER PRESIDENT

Name_____

(Print)

_____ Date _____

(Signature)

SUBMIT THE COMPLETED FORM TO NYS/UUP JLMC AS FOLLOWS:

Email: nysuuplmc@goer.ny.gov **Fax: 518.486.9220**

Mail: NYS/UUP Joint Labor-Management Committees
2 Empire State Plaza, 13th Floor
Albany, New York 12223