



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

NYS/UUP JLMCS' SUNY SYSTEM-WIDE PROFESSIONAL DEVELOPMENT **WORKSHOP APPLICATION**

Please complete this application and return it to the JLMC office by March 4, 2020.

WORKSHOP NAME	Global Cultural Diversity a Communicating	nd Inclusion ————————————————————————————————————	m - 4:00 pm
		n 325 Hudson St., 3rd fl. MPR, New York, NY	
I. APPLICANT IN	NFORMATION		
Name:		Title/Rank:	
Division/Departm	nent/Program:		
Campus:			
Work Mail Addre	ss:		
Work Telephone:		Work Email:	
Applicant Signature:		Date:	
II. APPROVAL O	F DIVISION/DEPARTMENT,	PROGRAM	
The applicant is a	pproved for the following t	o attend this workshop:	
	release time	reimbursement of travel expenses	
Name (Print):		Title:	
Work Phone:		Email:	
Signature:		Date:	

For additional information contact NYS/UUP JLMC staff at:

(518) 486-4666 Fax: (518) 486-9220 nysuuplmc@goer.ny.gov

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