

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

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

Ple	ease complete this application and Global Cultural Diversity and	return it to the JLN	ЛС office by <mark>February 21, 2020.</mark>
	Inclusion Communicating in a Worl	d	
WORKSHOP NAME:	of Difference	DATE(S): _	February 28, 2020 - 9:00 am - 4:00 pm
WORKSHOP LOCATIO	SUNY ESC - Saratoga, 113 West N:	t Ave., Rm. 137, Sa	ratoga Springs, NY
I. APPLICANT INFO	DRMATION		
Name:	lame: Title/Rank:		
Division/Departmer	nt/Program:		
Campus:			
Work Mail Address:			
Work Telephone:		Work Ema	ail:
Applicant Signature		Date:	
II. APPROVAL OF D	DIVISION/DEPARTMENT/PROGRA	AM	
The applicant is app	roved for the following to attend	this workshop:	
	release time r	reimbursement o	f travel expenses
Name (Print):	Title:		
Work Phone:	Email:		
Signature:	Date:		
	For additional information	•	IP JLMC staff at:
	•	3) 486-4666 518) 486-9220	
		nc@goer.ny.gov	

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