

## **Safety Committee Member Educational Leave Request Form**

Safety Committee Member						
Name	Safety Con		mittee		Date Joined Committee	
E-mail			Supervisor			
<b>Educational Course</b>						
Course Name			Delivered by:			
						]
Course Date	Duration (	(hours)	Cost			
This Education Leave Reque	st is suppo	orted by:				
Worker Co-chair Name		Signature			Date	
Employer Co-chair Name		Signature			Date	
Supervisor Name		Signature			Date	

Please submit the completed form to Safety & Risk Services at: ehrs\_sfu@sfu.ca

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<sup>\*</sup>Supervisor • `]][|c is not required for TSSU members who plan to attend the training course during unscheduled time.