



**Request for Joint Labor Management Training  
provided by the AFGE/NVAC-DVA  
National Training & Education Committee**



**Date of Request:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Administration:** VHA  VBA  NCA  Other

**Requested Training Dates:** \_\_\_\_\_ **Alt Dates:** \_\_\_\_\_

*\*Requested dates must be at least 60 days from the date of request.*

**Requested Training:** Master Agreement \_\_\_\_\_ Executive Order \_\_\_\_\_ 7422 \_\_\_\_\_

**Projected number of participants:** Union: \_\_\_\_\_; Management: \_\_\_\_\_

**Name of Travel POC (accounting/alt preparer):** \_\_\_\_\_

**\*\*Travel and per diem for one union and one management instructor will be the responsibility of the requesting facility.**

**Labor (President or Designee)**

**Management (Director or Designee)**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Position

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

**Send completed form to: [VACOLMRFAQS@va.gov](mailto:VACOLMRFAQS@va.gov)**

Any questions prior to submission please contact the following:  
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