



AFGE National VA Council Training Request Form (Union ONLY)

Local		District		VISN	
Facility Name					
Facility Address					
Contact Information: Please complete contact information below for your <u>Local President or Designee</u>					
President Name					
Mailing Address					
Phone Number and ext.			FAX		
Suggested dates of Training					
Projected number of participants					
Subjects Requested for Training					
Suggested Location of Training					
District/Locals Attending					
Responsible Party/(Local(s) for Payment:					
Signature and Date:					

****PLEASE NOTE: NVAC Policy for Funding UNION-ONLY Training****

Training of one Local:

The Local is responsible for 50% of travel and per diem for instructor(s); 50% paid by the NVAC.

Two or more Locals:

The Locals are responsible for 100% of travel and per diem for instructor(s).

Please email or fax completed forms to:

Director of Training & Education Kip Vickers, kvickers@afgenvac.org

Fax 540-342-2196