PUBLIC EMPLOYMENT RELATIONS COMMISSION
112 Henry Street NE, Suite 300, Olympia WA 98506
PO Box 40919, Olympia WA 98504-0919
Phone: 360.570.7300 Email: filing@perc.wa.gov
Web: www.perc.wa.gov

TRAINING/SPEAKER REQUEST

Print Form

PARTIES (Employer, Union, Organization) If more than one, Include information for both parties.

REQUESTING		**ADDITIONAL**	
Contact		Contact	
Address		Address	
City, State, ZIP		City, State, ZIP	
Telephone	Ext.	Telephone	Ext.
Email		Email	

TYPE OF REQUEST Select ONE.

◯ **TRAINING** Select type of training.

☐ Interest Based Bargaining ☐ Labor/Management Committee ☐ Collective Bargaining 101

☐ Collaborative Bargaining ☐ Custom (explain below)

DETAILS Complete if applicable to training requested.

Anticipated Number of Participants _____ Do both parties agree to the training? ☐ Yes ☐ No ☐ N/A

Bargaining unit involved _____

◯ **SPEAKER**

Reason/Event _____

Date Needed _____ Length of time expected _____

NATURE OF REQUEST Include any special requests or scheduling needs.

AUTHORIZED SIGNATURES of requesting party. If a joint request, include information for both.

PARTY REQUESTING		**ADDITIONAL PARTY**	
Print Name		Print Name	
Address		Address	
City, State, ZIP		City, State, ZIP	
Telephone	Ext.	Telephone	Ext.
Email		Email	
Signature	Date	Signature	Date