



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



Date of Request: _____

Facility Name: _____

Administration: NCA VBA VHA OIT 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:** _____

****Travel and per diem for one union and one management instructor will be the responsibility of the requesting facility. Name of Travel POC (accounting/alt preparer):** _____

Labor (President or Designee)

Management (Director or Designee)

Signed

Signed

Printed Name

Printed Name

Position

Position

Office Phone

Office Phone

E mail

E mail

Send completed form to: VACOLMRJointTraining@va.gov

Any questions prior to submission please contact Ashley Levesque at (202) 461-5440 or Ashley.Levesque@va.gov and/or Daniel Hines at (540) 345-6301 or Daniel.Hines2@va.gov