

STRESS MANAGEMENT TRAINING APPLICATION CHICAGO POLICE DEPARTMENT

PROGRAM DATE(S)		PROGRAM NO.
(ABOVE FOR OFFICE USE ONLY)		
EMPLOYEE'S NAME (LAST- FIRST- M.I.) (PLEASE PRINT)		SEX <input type="checkbox"/> M <input type="checkbox"/> F
EMPLOYEE'S TITLE		DAY OFF GROUP
EMPLOYEE NO.	STAR NO.	DISTRICT/UNIT NO.



EMPLOYEE'S WORK ADDRESS (STREET - CITY - STATE - ZIPCODE)	EMPLOYEE'S DAYTIME TELEPHONE NO.	EMPLOYEE'S WORK TELEPHONE NO.
ARE YOU A SUPERVISOR/MANAGER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG?		WOULD YOU ATTEND TRAINING ON ONE OF YOUR DAYS OFF? <input type="checkbox"/> YES <input type="checkbox"/> NO

RETURN THIS APPLICATION TO:

**STRESS MANAGEMENT COORDINATORS
FRATERNAL ORDER OF POLICE
1412 WEST WASHINGTON BLVD.
CHICAGO, IL 60607-1821**

TRAINING TO BE HELD AT:

**Chicago Lake Shore Hospital
4840 North Marine Drive
5th Floor Conference Room**

Parking:

**Near the corner of Lawrence Avenue
and Marine Drive next to the nursing
home on Lawrence Avenue. You may
also use legal street parking.**

Casual Dress

ACKNOWLEDGEMENT

I understand that participation in the Stress Management Training Program is voluntary and that I will not be eligible for overtime pay or compensation as a result of my participation in the training, even if the training should take place on my regular day off or beyond my normal duty hours. I also understand that this training will not be considered as one of the three in-service training sessions within the meaning of Article 20.7 and 20.9 of the Agreement between the City of Chicago and the Fraternal order of Police Lodge #7.

I also understand that the Department will allow me to attend the Stress Management Training program in lieu of my duty assignment for the dates of the training.

My signature indicates that I understand and agree to the above.

EMPLOYEE'S NAME (Please print)	EMPLOYEE'S NO./STAR NO.
EMPLOYEE'S SIGNATURE	COMMANDING OFFICER EXEMPT RANK SIGNATURE