

**STRESS MANAGEMENT TRAINING APPLICATION
CHICAGO POLICE DEPARTMENT**

PROGRAM DATE(S)	PROGRAM NO. STRESS MANAGEMENT
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(ABOVE FOR OFFICE USE ONLY)

EMPLOYEE'S NAME (LAST- FIRST- M.I.) (PLEASE PRINT)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DAY OFF GROUP	DISTRICT/UNIT NO.
EMPLOYEE'S TITLE	EMPLOYEE NO.		STAR NO.
EMPLOYEE'S WORK ADDRESS (STREET - CITY - STATE - ZIP CODE)	EMPLOYEE'S CELL PHONE NO.	EMPLOYEE'S WORK PHONE 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	EMAIL ADDRESS	

RETURN THIS APPLICATION TO:

STRESS MANAGEMENT COORDINATORS

FRATERNAL ORDER OF POLICE

1412 WEST WASHINGTON BLVD.

CHICAGO, IL 60607-1821

FAX: (312) 733 - 1367

stressmanagement@chicagofop.org

TRAINING TO BE HELD AT :

HARTGROVE HOSPITAL

5730 WEST ROOSEVELT ROAD,

CHICAGO, IL 60644

1ST FLOOR CONFERENCE ROOM

PARKING AVAILABLE AT HOSPITAL OR ON STREET

CASUAL DRESS

NOTE: EMPLOYEE WILL BE NOTIFIED AFTER APPROVAL OF APPLICATION.

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