



FRATERNAL ORDER OF POLICE

CHICAGO LODGE #7

1412 WEST WASHINGTON BOULEVARD • CHICAGO, ILLINOIS 60607-1821
PHONE: 312-733-7776 • FAX: 312-733-1367

STRESS MANAGEMENT CLASS

Please fill out the application ASAP as classes fill up quickly.

Please make sure to sign your form and have your Commanding Officer sign as well.

You may fax the form to ATTN: Marikay at 312-733-1367, or via police mail to FOP UNIT 541, or e-mail it to Marikay@chicagofop.org.

YOU WILL RECEIVE A CONFIRMATION EMAIL WHEN YOUR APPLICATION IS RECEIVED BY FOP.

Do Not attend this class on your days off. The 2 days are a tour of duty.

Classes are held at **HARTGROVE HOSPITAL**

5730 W. ROOSEVELT RD.

1ST FLOOR CONFERENCE ROOM

PARKING: HOSPITAL LOT OR STREET

Dress comfortably. No uniforms. The hospital has requested that you wear or bring sweatpants and sneakers for the morning session. **NO GUNS ARE ALLOWED IN HOSPITAL**

The course will be two days from 8:30a.m. -4:30p.m. You **MUST** attend both days.

Enjoy!!

THE ELECTED REPRESENTATIVE OF CHICAGO'S PATROL OFFICERS



**STRESS MANAGEMENT TRAINING APPLICATION
CHICAGO POLICE DEPARTMENT**

PROGRAM DATE(S)		PROGRAM NO. STRESS MANAGEMENT	
(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
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
marikay@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	