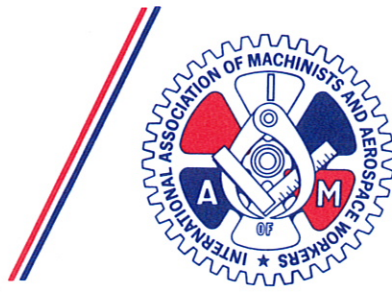


**International
Association of
Machinists and
Aerospace Workers**



9000 Machinists Place
Upper Marlboro, Maryland 20772-2687

Area Code 301
967-4500



OFFICE OF THE INTERNATIONAL PRESIDENT

GL 2 – Community & Membership Services

November 24, 2015

Subj: Call Letter for All Year 2016
Employee Assistance Classes -
EAP 1, 2, 3

To All TCU/IAM Executive Council, Chiefs of Staff, Grand Lodge Representatives, Special Representatives, Organizers, Directing Business Representatives, Business Representatives, Railroad General Chairpersons, Airline General Chairpersons, District and Local Lodge Presidents, Local Lodge Recording Secretaries, Communicators, Educators, WWW Directors, Carmen Division Officers, National Representatives, Assistant National Representatives, EAP Educators, as well as EAP Coordinators Ron Rawding and Bryan Hutchinson

This is the call letter for all Year 2016 Employee Assistance classes at the William W. Winpisinger (W3) Education and Technology Center in Hollywood, Maryland.

The classes equip assistance coordinators with the skills and resources to assist members who are seeking help for problems involving addictions and other psycho-social issues. These conditions include alcoholism, drug addiction, depression, excessive debt, excessive absenteeism, gambling addiction, acute stress disorder and violence, etc. The four-stage curriculum takes members from an introduction into the field to prospective certification. A fifth class involves advanced topics and the science of addiction.

This is a valuable program that is fully recognized at the college level, in the workplace, in the employee assistance community and throughout the IAM. All eligible Machinists are encouraged to participate.

Enclosed you will find enrollment/registration forms for each Employee Assistance Professional's class, as well as a descriptive brochure. Also enclosed is the policy letter covering W3 tuition, transportation subsidy and curriculum. **Attendance in all classes must be approved by an authorizing lodge officer.**

OVER

Employee Assistance classes will be held on the following dates:

- EAP I (1) Sunday, February 14 through Friday February 19, 2016
 Sunday, March 6 through Friday, March 11, 2016
- EAP II (2) Sunday, July 10 through Friday, July 16, 2016
 Only open to members who have completed EAP I (1)
- EAP III (3) Saturday, May 22 through Friday, May 27, 2016
 Only open to members who have completed EAP II (2)

I urge you to take prompt action in notifying Edward Manhart, Director of the Retirees, Community and Membership Services Department, by returning the enclosed "Participant Registration/Enrollment Forms." **by the due date printed on each.**

In solidarity,



R. Thomas Buffenbarger
International President

RTB/EM/ag

Enclosures: Policy Letter, EAP Brochure and EAP 1, 2, 3 Registration Forms

cc: Director E. Manhart

Participant Registration/Enrollment Form
William W. Winpisinger Education and Technology Center
Year 2014 Departmental Programs

EAP 1

February 14, 2016 through February 19, 2016

Participants should be prepared to travel and arrive on Saturday, February 13, 2016 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 12:00 PM on Sunday, February 14, 2016.

Mandatory - The following information must be filled in



"Pull out your
Driver's License."

Full Legal Name (as printed on your ID)

Verify your name is as it appears on your Driver's License or Passport that you are presenting as identification at the airport.

First Name: _____ Middle: _____ Last Name: _____
Nick Name: _____ Suffix _____ Date of Birth: _____
Title: _____ Local Lodge: _____ District Lodge: _____
Gender: _____ Territory: _____
Mailing Address: _____
City: _____ Province/ State: _____ Postal Code/ Zip Code: _____
Home Phone: _____ - _____ Work Phone: _____ - _____
Cell Number: _____ - _____ Fax Number: _____ - _____
E-Mail Address: _____
Last 4 digits of SSN/SIN: _____ IAM Book No.: _____
Employer: _____

RETURN THIS FORM TO:

Edward Manhart
Director of the Retirees, Community and Membership Services Department
9000 Machinists Place
Upper Marlboro, MD 20772
Phone: (301) 967-4717 Fax: (301) 967-3427
Via Anna Georgallas's email at: ageorgallas@iamaw.org

Return Form No Later Than: January 4, 2016

**Attendance to this class must be approved by an authorizing lodge officer.
Please be advised that this form must be completed in its entirety.
THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED**

PARTICIPANT NAME: _____

Attendance to this class must be approved by an authorizing lodge officer.

APPROVED BY:

Name (please print) _____

Title _____ Local Lodge _____ or District Lodge _____

Signature

Daytime Phone _____ Extension # _____

Address _____ City _____

State _____ Zip Code _____ E-Mail _____

General Vice President _____

Directing Business Representative _____

Or

General Chairman _____

How Will Participant Travel?

_____ Via public transportation arranged and paid for by the Grand Lodge

_____ Provide own transportation

_____ Flying on pass, but will need bus transportation

RETURN THIS FORM TO:

Edward Manhart, Director

Retirees, Community & Membership Services

9000 Machinists Place

Upper Marlboro, MD 20772

(301) 967-3433

Fax: (301) 967-3427

Via Anna Georgallas's email at: ageorgallas@iamaw.org

Return Form No Later Than: January 4, 2016

Participant Registration/Enrollment Form
William W. Winpisinger Education and Technology Center
Year 2014 Departmental Programs

EAP 1
March 6, 2016 through March 11, 2016

Participants should be prepared to travel and arrive on Saturday, March 5, 2016 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 12:00 PM on Sunday, March 6, 2016.

Mandatory - The following information must be filled in



*"Pull out your
Driver's License."*

Full Legal Name (as printed on your ID)

Verify your name is as it appears on your Driver's License or Passport that you are presenting as identification at the airport.

First Name: _____ Middle: _____ Last Name: _____
Nick Name: _____ Suffix _____ Date of Birth: _____
Title: _____ Local Lodge: _____ District Lodge: _____
Gender: _____ Territory: _____
Mailing Address: _____
City: _____ Province/ State: _____ Postal Code/ Zip Code: _____
Home Phone: _____ - _____ Work Phone: _____ - _____
Cell Number: _____ - _____ Fax Number: _____ - _____
E-Mail Address: _____
Last 4 digits of SSN/SIN: _____ IAM Book No.: _____
Employer: _____

RETURN THIS FORM TO:

Edward Manhart
Director of the Retirees, Community and Membership Services Department
9000 Machinists Place
Upper Marlboro, MD 20772
Phone: (301) 967-4717 Fax: (301) 967-3427
Via Anna Georgallas's email at: ageorgallas@iamaw.org

Return Form No Later Than: January 16, 2016

**Attendance to this class must be approved by an authorizing lodge officer.
Please be advised that this form must be completed in its entirety.
THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED**

PARTICIPANT NAME: _____

Attendance to this class must be approved by an authorizing lodge officer.

APPROVED BY:

Name (please print) _____

Title _____ Local Lodge _____ or District Lodge _____

Signature

Daytime Phone _____ Extension # _____

Address _____ City _____

State _____ Zip Code _____ E-Mail _____

General Vice President _____

Directing Business Representative _____

Or

General Chairman _____

How Will Participant Travel?

_____ Via public transportation arranged and paid for by the Grand Lodge

_____ Provide own transportation

_____ Flying on pass, but will need bus transportation

RETURN THIS FORM TO:

Edward Manhart, Director

Retirees, Community & Membership Services

9000 Machinists Place

Upper Marlboro, MD 20772

(301) 967-3433

Fax: (301) 967-3427

Via Anna Georgallas's email at: ageorgallas@iamaw.org

Return Form No Later Than: January 15, 2016

Participant Registration/Enrollment Form
William W. Winpisinger Education and Technology Center
Year 2014 Departmental Programs

EAP 2
July 10, 2016 through July 15, 2016

Participants should be prepared to travel and arrive on Saturday, July 9, 2016 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 12:00 PM on Sunday, July 10, 2016

Mandatory - The following information must be filled in



*"Pull out your
Driver's License."*

Full Legal Name (as printed on your ID)

*Verify your name is as it appears on your Driver's License or
Passport that you are presenting as identification at the airport.*

First Name: _____ Middle: _____ Last Name: _____

Nick Name: _____ Suffix _____ Date of Birth: _____

Title: _____ Local Lodge: _____ District Lodge: _____

Gender: _____ Territory: _____

Mailing Address: _____

City: _____ Province/ State: _____ Postal Code/ Zip Code: _____

Home Phone: _____ - _____ Work Phone: _____ - _____

Cell Number: _____ - _____ Fax Number: _____ - _____

E-Mail Address: _____

Last 4 digits of SSN/SIN: _____ IAM Book No.: _____

Employer: _____

RETURN THIS FORM TO:

Edward Manhart

Director of the Retirees, Community and Membership Services Department

9000 Machinists Place

Upper Marlboro, MD 20772

Phone: (301) 967-3433 Fax: (301) 967-3427

Via Anna Georgallas's email at: ageorgallas@iamaw.org

Return Form No Later Than: May 15, 2016

Attendance to this class must be approved by an authorizing lodge officer.

Please be advised that this form must be completed in its entirety.

THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED

PARTICIPANT NAME: _____

Attendance to this class must be approved by an authorizing lodge officer.

APPROVED BY:

Name (please print) _____

Title _____ Local Lodge _____ Or District Lodge _____

Signature

Daytime Phone _____ Extension # _____

Address _____ City _____

State _____ Zip Code _____ E-Mail _____

General Vice President _____

Directing Business Representative _____

Or

General Chairman _____

How Will Participant Travel?

_____ Via public transportation arranged and paid for by the Grand Lodge

_____ Provide own transportation

_____ Flying on pass, but will need bus transportation

RETURN THIS FORM TO:

Edward Manhart, Director

Retirees, Community & Membership Services

9000 Machinists Place

Upper Marlboro, MD 20772

(301) 967-3433

Fax: (301) 967-3427

Via Anna Georgallas's email at: ageorgallas@iamaw.org

Return Form No Later Than: May 15, 2016

Participant Registration/Enrollment Form
William W. Winpisinger Education and Technology Center
Year 2014 Departmental Programs

EAP 3
May 22, 2016 through May 27, 2016

Participants should be prepared to travel and arrive on Saturday, May 21, 2016 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 12:00 PM on Sunday, May 22, 2016

Mandatory - The following information must be filled in



"Pull out your
Driver's License."

Full Legal Name (as printed on your ID)

Verify your name is as it appears on your Driver's License or Passport that you are presenting as identification at the airport.

First Name: _____ Middle: _____ Last Name: _____

Nick Name: _____ Suffix _____ Date of Birth: _____

Title: _____ Local Lodge: _____ District Lodge: _____

Gender: _____ Territory: _____

Mailing Address: _____

City: _____ Province/
State: _____ Postal Code/
Zip Code: _____

Home Phone: _____ - _____ Work Phone: _____ - _____

Cell Number: _____ - _____ Fax Number: _____ - _____

E-Mail Address: _____

Last 4 digits of SSN/SIN: _____ IAM Book No.: _____

Employer: _____

RETURN THIS FORM TO:

Edward Manhart

Director of the Retirees, Community and Membership Services Department

9000 Machinists Place

Upper Marlboro, MD 20772

Phone: (301) 967-3433 Fax: (301) 967-3427

Via Anna Georgallas's email at: ageorgallas@iamaw.org

Return Form No Later Than: March 27, 2016

Attendance to this class must be approved by an authorizing lodge officer.

Please be advised that this form must be completed in its entirety.

THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED

PARTICIPANT NAME: _____

Attendance to this class must be approved by an authorizing lodge officer.

APPROVED BY:

Name (please print) _____

Title _____ Local Lodge _____ Or District Lodge _____

Signature

Daytime Phone _____ Extension # _____

Address _____ City _____

State _____ Zip Code _____ E-Mail _____

General Vice President _____

Directing Business Representative _____

Or

General Chairman _____

How Will Participant Travel?

_____ Via public transportation arranged and paid for by the Grand Lodge

_____ Provide own transportation

_____ Flying on pass, but will need bus transportation

RETURN THIS FORM TO:

Edward Manhart, Director

Retirees, Community & Membership Services

9000 Machinists Place

Upper Marlboro, MD 20772

(301) 967-3433

Fax: (301) 967-3427

Via Anna Georgallas's email at: ageorgallas@iamaw.org

Return Form No Later Than: March 27, 2016