OPSEU
SEFPO

CREDENTIAL FORM

AMBULANCE DIVISION (SECTOR 1)
PRE-BARGAINING CONFERENCE
October 25, 2005, 2005

Delta Meadowvale Hotel
6750 Missisauga Road
Mississauga, Ontario
(905) 821-1981

PERSONAL INFORMATION

LOCAL: _____ SIN/UNION # _____

Name: _____
Last First

Home Address: _____
Street City Postal Code

Phone Numbers: _____
Home Business

E-Mail: H _____ W _____

STATUS

Delegate ☐ Sector Executive ☐ ` Observer ☐ ***(Please check one only)***

ACCOMMODATION

Will be required at the ***Delta Meadowvale Hotel*** for the night of October 24, 2005 Yes ☐ No ☐
Single: $149.00 ☐ Double: $149.00 ☐ Twin (Shared): $74.50 ☐
Smoker ☐ Non-Smoker ☐ I wish to share with _____
Parking: Free
Taxes not included

Please Note: (<u>DO NOT</u> book your own – accommodations will be booked by OPSEU)

- Accommodation is to be shared with another delegate. If you request anything else, it will be your/the Local's responsibility to pay the difference in cost.
- Rooms cannot be guaranteed if we have not received your registration at Head Office by **September 25, 2005.**
- OPSEU ***will not*** pay for accommodation for members living within sixty (60) kilometers of the hotel.

BARGAINING UNIT INFO

Employer Name: _____

TIME OFF

Your Collective Agreement provides for time off under local union business leave. You should advise your employer.

Time off letter required Yes ☐ No ☐ Dates: _____

<u>*Please complete in FULL</u>

Name of Employer Contact: _____

Title: _____

Employer: _____

Address: _____

_____

Fax #: _____

Please check off if you are attending on: Shift ☐ Vacation ☐ Regular Day Off ☐ Work Day ☐

***<u>NOTE</u>*: Claims for lost wages must be accompanied by supporting documentation confirming the details of time off without pay. Own time will be paid to members using lieu days, accumulated credits or vacation days. Own time will not be paid for an unpaid day.**

ADVANCE

Yes ☐ No ☐

Amount $_____ Sent to: Home ☐ Meeting ☐ Regional Office ☐

SPECIAL NEEDS

Yes ☐ No ☐ ***Please complete Personal Assistance Form attached***

<u>IMPORTANT</u>: Please complete and return this form by ***<u>September 25, 2005</u>*** to OPSEU, attention: ***<u>Agnela Pereira</u>***, ***Fax: (416) 448-7451***