



CREDENTIAL FORM
HOSPITAL PROFESSIONALS DIVISION (SECTOR 10)
PROVINCIAL DEMAND SET MEETING
February 16 & 17, 2006

Delta Chelsea Inn
33 Gerrard St. W.
Toronto, Ontario
M5G 1Z4
(416) 595-1975

PERSONAL INFORMATION	LOCAL: _____ SIN/UNION # _____ Name: _____ Home Address: _____ Phone Numbers: _____ E-Mail: _____	_____	_____	_____	_____	_____	_____
STATUS	Delegate <input type="checkbox"/> Observer <input type="checkbox"/> <i>(Please check one only)</i>						
ACCOMMODATION	MEMBERS ARE RESPONSIBLE FOR MAKING THEIR OWN ACCOMMODATION ARRANGEMENTS. If accommodation is required, a completed ACCOMMODATION REQUEST FORM must be returned to the Hotel <i>by January 16, 2006</i>						
BARGAINING UNIT INFO	Employer Name: _____ <i>If multiple units, please indicate your unit:</i> _____						
TIME OFF	Your Collective Agreement provides for time off under local union business leave. You should advise your employer. Time off letter required Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: _____ <i>If yes, please complete in FULL, otherwise time-off requests will be delayed</i> Name of Employer Contact: _____ Title: _____ Employer: _____ Address: _____ Fax # (Including Area Code): _____ Please circle if you are attending on Shift <input type="checkbox"/> Vacation <input type="checkbox"/> Regular Day Off <input type="checkbox"/> Work Day <input type="checkbox"/> <i>NOTE: 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.</i>						
ADVANCE	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____ Sent to: Home <input type="checkbox"/> Meeting <input type="checkbox"/> Regional Office <input type="checkbox"/>						
SPECIAL NEEDS	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please complete Personal Assistance Form attached</i>						
CHILD CARE	Required Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please complete Child Care Form attached</i> You must register by January 23, 2006 . OPSEU will not be responsible for childcare after the deadline						

This form must be attested to by two officers of the local sending delegates.

We hereby certify that the above named member is an official delegate to the Hospital Professionals Division (Sector 10) Demand Set Meeting.

1. _____ Signature: _____
Name Title on LEC
2. _____ Signature: _____
Name Title on LEC

IMPORTANT: Please complete and return this form by **January 23, 2006** to OPSEU, attention: ***Agnela Pereira, Fax: (416) 448-7451***