

RETURN
BY AUGUST 27

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Workshop: Acting together against workplace violence.

ATTENDANCE FORM Region 5

LOCAL: _____ SIN/UNION NO. _____

NAME: _____

MAILING ADDRESS _____

TELEPHONE: (home): _____ (work) _____

EMAIL ADDRESS: _____

TYPE OF MEETING

DATE

LOCATION/HOTEL

Violence in the Workplace Campaign

September 17, 2009

Toronto Regional Office

TIME OFF IF TIME OFF is allowed under the applicable article of your Collective Agreement for the above-noted meeting, OPSEU will arrange on your behalf, leave from duty.

REQUIRED? YES NO **DATES:** _____

If yes, please fill in the following information:

Employer: _____

Attention: _____ Title/Position _____

Address _____ City _____ Postal Code _____

Fax # _____

For time off requests; please fax this form to Jackie Evans at 416 443 1762 (jevans@opseu.org) no later than **THURSDAY AUGUST 27, 2009.**

For claimable expenses refer to instructions for travel expenses as outlined on the Travel Expense Form.

OFFICE USE ONLY:

Date: _____ O/S _____