

Joint Community Social Services Labour Adjustment & Education Fund (L.A.E.F)

STA	ATEMENT	Γ OF EXPEN	SE Forn	n # CSSEF		<u> </u>
Please use ink o	and print clearl	ly.			(UNION)	(REF #)
Name:						
Address:						
City:			Pos	tal code:		
Home phone	e:		Woi	k phone:		
E-mail addre	ess:		Uni	on affiliation:		
DATE YY MM DD	TUITION AMOUNT	COURSE BOOKS AMOUNT	OTHER COURSE RELATED EXPENSE AMOUNT	DESCRIPTION /	' EXPLANA	TION
TOTALS		+	+	=	GRAND T	OTAL
benefit the employ I declare that: The listed are for educt I agree that: I may I recognize that: I may I recognize that: I must I mediate I and I may	t: The purpose of tyer. e information that ation or retraining y be asked to repay If I receive money a result of a layoff, t: The information at and Education Figning below I give ations, and other full participate in a focess of the program above is a true stave attached to this	the Joint Community Soc I have provided in this a g that I received or that I y some or all of the moni from the Joint Communi EI may attempt to recov II have provided will be und. permission for the exch unding sources for the so ollow-up survey to help t m. tement of disbursement of form detailed receipts v	application form is, to the will be receiving. es if I fail to complete a ty Social Services Labou er the monies paid to mused to determine my elange of information betole purpose of verifying the Joint Community Social smade by me for the revolution of the revolution of the service of the	e best of my knowledge, course or courses withour Adjustment and Educate. (Please contact your lobigibility for funding from ween The Fund, The Fundand/or investigating infomial Services Labour Adjustes asons noted above.	correct and cor at justification. tion Fund, and l ocal EI office for a the Joint Comr d Administrato ormation in this stment and Edu the goods or se	munity Social Services or (BCGEU), my employer, or application and related or acation Fund Committee ervices provided, the dollar
Applicant's Signature:			Name		Date:	
Office use only: Payment Ap		nd Administrator				