



CONFIRMATION OF EMPLOYEE STATUS FORM

EMPLOYEE, PLEASE COMPLETE:

Name of employee: _____

Position: _____ Dept. _____

Classification: _____ Status: Full-time Part-time Regular Casual

Start Date: _____

EMPLOYER, PLEASE COMPLETE:

Is employee covered by the 2010-2012 Health Services & Support Community Subsector Collective Agreement? Yes No

Employer Name (please print) Title

Signature Date

Worksite Name: _____

Employer Phone: _____ E-mail: _____

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NOTE: If you receive money from this Fund, and you received Employment Insurance (EI) as a result of your layoff, EI may attempt to recover the monies they paid to you. Please contact your local EI office for further details.