



CONFIRMATION OF EMPLOYEE STATUS FORM

EMPLOYEE - PLEASE COMPLETE:

Name of employee: _____

Position: _____ Dept. _____

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

If you checked "casual", please state number of hours worked _____.

** note: you must have completed 488 hours in order to qualify for training funds.*

Start Date: _____

EMPLOYER - PLEASE COMPLETE:

Is employee covered by the 2014-2019 Health Services & Support Community Subsector Collective Agreement? Yes No

Employer Name (please print)

Title

Signature

Date

Worksite Name:

Employer Phone: E-mail: _____

MoveUp

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.