UBCJA LOCAL 1325

Records of Employment Request

attention SERVICE CANADA

(sign here)

attention SERVICE CANADA	□ 506-548-7149
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SOCIAL INSURANCE NUMBER:	
FIRST NAME:	
LAST NAME:	
UBC LOCAL: TELEPHONE NUMBER:	
I, (full name)	
to the United Brotherhood of Carpenters and Allied Wor	
to obtain copies of my Records of Employment from	2006 (year)
to and including (year).	
I, (full name)	, understand that my Records of
Employment will be used to prove my Hours of Experien	ce as a Carpenter and/or a Scaffolder so that
the UBCJA Local 1325 may determine my trade status w	ithin the Local Union. I understand that I will
not be dispatched to a job for ninety (90) days unless th	e Local Union cannot supply the required
manpower as outlined by Local Bylaws and Trade Rules	
I, (full name)	, give my full consent and authorization
to Service Canada to release and send copies of my Reco	ords of Employment for the above mentioned
years to:	
ARCCAW Local 1325 #133-15210 123 Ave Edmonton, AB T5V 0A3	FAX: 780-477-7143
Attention: Doreen Aubin Barnes	Phone: 780-471-3200 Ext. 2152

(date)