


UBCJA LOCAL 2103

REQUEST FOR R.O.E.'s

attention SERVICE CANADA

 506-548-7149

SOCIAL INSURANCE NUMBER: _____

FIRST NAME: _____ LAST NAME: _____

UBC LOCAL: _____ TELEPHONE NUMBER: _____

I, (full name) _____, give my full consent and authorization to the United Brotherhood of Carpenters and Allied Workers, Local Union 2103, in Calgary, Alberta, to obtain copies of my Records of Employment from _____ (if ex-member year of last initiation) to and including _____ (current year).

I, (full name) _____, understand that my Records of Employment will be used to prove my Hours of Experience as a Carpenter and/or a Scaffolder so that the UBCJA Local 2103 may determine my trade status within the Local Union. I understand that I will not be dispatched to a job for ninety (90) days unless the Local Union cannot supply the required manpower as outlined by Local Bylaws and Trade Rules Section 2:08.

I, (full name) _____, give my full consent and authorization to Service Canada to release and send copies of my Records of Employment for the above mentioned years to:

ARCCAW Local 2103
2626 - 23rd Street NE
Calgary, AB T2E 8L1

FAX: 403-283-6425
PHONE: 403-283-0747

(signature)

(date)

PLEASE RETURN THE COMPLETED FORM TO THE CARPENTERS LOCAL 2103 UNION HALL