

EMPLOYEE STATUS FORM

Employee

Last Name:

First Name and Initial(s):

Position:

Department:

Classification:

Status:

Full-time

Part-time

Regular

Casual

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

Start date:

NOTE:

- YOU MUST HAVE COMPLETED 488 HOURS IN ORDER TO QUALIFY FOR TRAINING FUNDS.
- 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.

Employer

Is employee covered by the 2022–2025 Health Services & Support Community Subsector Collective Agreement?

Yes

No

Employer Name:

Title:

Signature:

Date:

TO BE SIGNED BY EMPLOYER (DIRECT SUPERVISOR) AND EMAILED, MAILED, OR FAXED.

Worksite Name:

Employer Phone:

E-mail:

Send the completed application and other documentation to:

Email:

chrf@bcgeu.ca

Mail:

Attention: Fund Administrator
B.C. Government and Service Employees' Union
4911 Canada Way
Burnaby, BC V5G 3W3

Fax:

604-291-6030

For more information on the Joint Community Health Retraining Fund, visit jointchrf.ca

Telephone: 604-291-9611 • Toll Free: 1-800-663-1674