

**REGISTRATION FORM
JOB STEWARD – LEVEL 1
SEPTEMBER 23 and 24, 2017**

If you are a job steward or executive councillor, MoveUP will cover the costs according to our Member & Employee Claims Policy. Please complete the travel portion below, if required. If you have any questions about this policy, please contact Secretary-Treasurer Lori Mayhew at lmayhew@moveuptogether.ca prior to any expenses being incurred.

MEMBER INFORMATION:

First Name: _____ Last Name: _____

Your Employer: _____ Work Phone: _____

Email: _____ Work Location: _____
(Confirmations will be sent to this address)

Union Position: _____ Job Steward _____ Executive Councillor _____ Executive Board

LEAVE OF ABSENCE:

I require a leave of absence for my normal scheduled hours of work on:

_____ Saturday, September 23, 2017 _____ Sunday, September 24, 2017

My regular hours of work are: _____

AIR TRAVEL (For Out of Town JS or EC only)

Depart From: _____ or Ferry Terminal: _____
(Airport)

Departure Date/Time: _____ Return Date/Time: _____

*Unless otherwise requested, air travel will be booked, where available, for the evening of September 22, after your regularly scheduled shift and returning the afternoon of September 24th. Members requesting to travel earlier or later must use their own time, unless there are no other flights available. The normal method of travel from the island is the ferry. Unless taking the ferry would require additional leave, requests to fly may not have additional leave granted (please review the Member & Employee Claims Policy on our website). We will email airline tickets and hotel confirmations once your travel request has been approved and booked. All air travel **MUST** be booked through MoveUP. Any costs incurred after your flight has been booked may be your responsibility.*

Would you like to request to drive in lieu of flying? _____ Yes _____ No

(This is for members who would normally fly, but would like to request to drive instead, as per the Member & Employee Claims Policy. Please note that no additional leave will be granted to accommodate this request)

I require accommodations for the following nights: _____ Friday, September 22, 2017
_____ Saturday, September 23, 2017

DIETARY RESTRICTIONS

Lunch will be provided on Saturday, September 23, 2017. Please advise us of any food allergies:

Please email this completed registration form to reception@moveuptogether.ca or fax to 604 299-8211 by the deadline of 4:30 pm – FRIDAY, SEPTEMBER 1, 2017