



## CONFIRMATION OF EMPLOYEE STATUS FORM

### EMPLOYEE, PLEASE COMPLETE:

Name of employee: \_\_\_\_\_

Position: \_\_\_\_\_ Dept. \_\_\_\_\_

Classification: \_\_\_\_\_ Status:  Full-time  Part-time  Regular  Casual

Start Date: \_\_\_\_\_

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### EMPLOYER, PLEASE COMPLETE:

Is employee covered by the 2010-2012 Health Services & Support Community Subsector Collective Agreement?  Yes  No

\_\_\_\_\_  
Employer Name (please print) Title

\_\_\_\_\_  
Signature Date

Worksite Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**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.