



Request for DUES WAIVER application

(section 1.20 – National Constitution)

Name: _____ Employee #: _____

Address: _____

Phone #(h): _____ Phone#(c): _____

Email: _____

Work Location: _____ Classification: _____

Shift: _____ URBAN RSMC BeeClean

Length of Waiver: (dd/mm/yyyy to dd/mm/yyyy) _____

Last day worked: _____

Complete the information below applicable to you.

Do you have or did you use any “Top Up Credits”? YES NO Amount: _____ hrs

STD (Short Term Disability) 1st Date of Claim: _____

E.I (Employment Insurance) portion 1st Date of Claim: _____

LTD (Long Term Disability) 1st Date of Claim: _____

WSIB 1st Date of Claim: _____

Expected Date of Return to Work: _____

Reason for request (e.g., Maternity Leave, Long Term Illness, Suspension, Discharge, etc.)

Signature: _____

Date: _____