



**AREA 05**  
**MiniVan / Workplace Audit App Training**  
**REGISTRATION FORM**

for  
**May 20, 2016**

Registrations accepted by fax, email, mail, or hand delivery until **May 5, 2016** at:  
BCGEU, 158 Oriole Road, Kamloops, BC V2C 4N7 [area05@bcgeu.ca](mailto:area05@bcgeu.ca)  
Facsimile 250-372-1782 or 1-800-946-0250 -- Phone: 250-372-8223 or 1-800-667-0054

**REGISTRANT PERSONAL INFORMATION:**

Registrant Name: \_\_\_\_\_ Social Insurance Number (Optional): \_\_\_\_\_ Male ☐ or Female ☐  
Home Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Email Address: \_\_\_\_\_ Work Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Job Classification and Title: \_\_\_\_\_ Regular ☐ or Auxiliary/Temp/Casual ☐ Local: \_\_\_\_\_

**EMPLOYEE WORK LOCATION INFORMATION:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**PLEASE INDICATE WHICH SESSION YOU WILL BE ABLE TO ATTEND:**

**MERRITT - SESSION 1: 9:00 a.m. to 11:00 a.m.** \_\_\_\_\_

**SALMON ARM - SESSION 2: 2:00 p.m. to 4:00 p.m.** \_\_\_\_\_

**UNION LEAVE:** *Please complete the "Shift Times" column, including the days before and after the Course, then indicate your Union leave requirements in the adjacent columns. If you are on days off, please write this in. If you are on call and don't know if you will be working, please indicate this on the form, and then let us know if work does becomes available, in which case a Union leave will be provided to you. Training session hours are from 9:00 a.m. to approximately 5:00 p.m. on all days. Note that the Union does not provide leave of absence for travel time unless travel cannot occur outside of work hours; neither does it reimburse for lost overtime opportunities.*

Dates	Shift Times	No. of Scheduled Paid Hours	No. of LOA Hours Required	Indicate If Any Shift Premiums or Adds-to-Regular-Pay Apply & For How Many Hours, Etc. (be as specific as possible)
<i>Example</i>	<i>From 8:30 a.m. to 4:30 p.m.</i>	<i>7.5</i>	<i>3.5</i>	<i>Afternoon Shift (50¢/hr); Danger Pay (75¢/hr) for 3.5 hrs.</i>
May 20 (Friday)				
Or Next scheduled work date:				

**CHILD CARE:** *Dependent/Family Care Expenses (Form FA-282-1 Required): Members/representatives of the Union are entitled to reimbursement of reasonable receipted costs of dependent/family care provided by someone other than her/his partner/spouse as a result of absences from home arising from conduct of Union business. Such allowance is not intended to reimburse the claimant for dependent/family expenses s/he would have normally incurred as a result of employment except where the absence exceeds the normal workday or week. Please indicate if a Child Care Claim Form is required.* ☐ Yes ☐ No