OPSEU SEFPO MEMBERSHIP RECORD CHANGES

Submitted by: *(Fill in pls)* _____ Date: _____
LEC Position: _____ Phone: ( ) _____
E-mail: _____
LSR (Staff Rep): _____ Reg. Office: _____

NOTE: MAKE CHANGES based on most updated quarterly local listings only.

Please make the following changes for: Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Prof. ☐

NAME: _____

Change to: _____

Employee ID / UNION No. _____ LOCAL: _____ NEW LOCAL: _____

NEW ADDRESS: _____ APT: _____

CITY/TOWN: _____ POSTAL CODE: _____

NEW HOME PHONE: ( ) _____ CELL PHONE: ( ) _____

HOME E-MAIL OR SECURE E-MAIL ADDRESS : _____

NEW BUSINESS PHONE: ( ) _____ EXT. _____

NEW WORK LOCATION: _____

○ TERMINATED – EFFECTIVE DATE: _____

REASON:
- ☐ Termination/Permanent Layoff
- ☐ Quit/Resigned
- ☐ Excluded (Permanent Management Transfer
- ☐ Retired
- ☐ Deceased
- ☐ Other Please specify: _____

○ TEMPORARY LEAVE – EFFECTIVE DATE: _____

REASON:
- ☐ Temporary Layoff/Seasonal
- ☐ WSIB/LTIP
- ☐ Maternity/Parental Leave
- ☐ Other – Please specify: _____

Additional Information: _____

Date of Reinstatement if on Temporary Layoff/Seasonal: _____