



**WORK-SHARING UNIT**

**DECLARATION**

In order to eliminate the proposed layoff, we the undersigned hereby agree to enter into a Work-Sharing Agreement and hereby appoint the following to act as our representatives \* in all matters related to the aforesaid Work-Sharing Agreement.

BUDGET R.C.	FILE NUMBER
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Name of Employer		Address and Location of Work-Sharing Unit			Representatives	
NAME OF EMPLOYEE	NON-UNION EMPLOYEE	OCCUPATION	HIRING DATE	NON-UNION EMPLOYEE SIGNATURE	NORMAL WEEKLY HOURS WORKED	

The information on this form is collected under the authority of the Employment Insurance Act and will be used for the administration of Work-Sharing and for statistical and research purposes. This information will be retained in the Personal Information Bank HRSDC PPU 295. Under the provisions of the Privacy Act and the Access to Information Act, individuals have the right to protection of and access to their personal information. Instructions for obtaining personal information are provided in the Info Source, a copy of which is located in HRCCs.  
\*Representatives must be from within the Work-Sharing Unit

