

WORK-SHARING UNIT

ATTACHMENT A

PROTECTED WHEN COMPLETED - A

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

	Name of Employer	Adresse and Location of Work-Sharing Unit		Signature of Employee Representatives		
	NAME OF EMPLOYEE	NON-UNION EMPLOYEE	OCCUPATION	HIRING DATE (yyyy-mm-dd)	NON-UNION EMPLOYEE SIGNATURE	NORMAL WEEKLY HOURS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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23						
24						
25						

HRSDC EMP 5101 E

DISPONIBLE EN FRANÇAIS - EMP 5101 F

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 Service Canada Centres.

*Representatives should be from within the Work-Sharing Unit.