



ATTACHMENT A

**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 representative(s) \* in all matters related to the aforesaid Work-Sharing agreement.

Name of Employer	Address and Location of Work-Sharing Unit	Name of Employee or Union Representative	
NAME OF EMPLOYEE	OCCUPATION	HIRING DATE YYYY-MM-DD	NORMAL WEEKLY HOURS
1			
2			
3			
4			
5			
6			
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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.