



ATTACHMENT A

WORK-SHARING UNIT

DECLARATION	
The employee or union representative appointed by the employees or union to act as their representative in all matters related to the aforementioned Work-Sharing agreement and confirm that all employees listed on this form agree to enter into a Work-Sharing agreement in order to eliminate the proposed layoff.	
Name of Employee or Union Representative	
HIRING DATE YYYY-MM-DD	NORMAL WEEKLY HOURS

Name of Employer	Address and Location of Work-Sharing Unit
NAME OF EMPLOYEE	OCCUPATION
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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.