



# EMPLOYEE STATUS FORM

## Employee

Last Name: \_\_\_\_\_ First Name and Initial(s): \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Classification: \_\_\_\_\_ Status:    Full-time    Part-time    Regular    Casual

If you checked "casual", please state number of hours worked: \_\_\_\_\_ Start date: \_\_\_\_\_

**NOTE:**

- YOU MUST HAVE COMPLETED 488 HOURS IN ORDER TO QUALIFY FOR TRAINING FUNDS.
- IF YOU RECEIVE MONEY FROM THIS FUND, AND YOU RECEIVED EMPLOYMENT INSURANCE (EI) AS A RESULT OF YOUR LAYOFF, EI MAY ATTEMPT TO RECOVER THE MONIES THEY PAID TO YOU. PLEASE CONTACT YOUR LOCAL EI OFFICE FOR FURTHER DETAILS.

## Employer

Is employee covered by the 2022–2025 Health Services & Support Community Subsector Collective Agreement?    Yes    No

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE SIGNED BY EMPLOYER (DIRECT SUPERVISOR) AND EMAILED, MAILED, OR FAXED.**

Worksite Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Send the completed application and other documentation to:

<b>Email:</b> chrhf@bcgeu.ca	<b>Mail:</b> Attention: Fund Administrator B.C. Government and Service Employees' Union 4911 Canada Way Burnaby, BC V5G 3W3	<b>Fax:</b> 604-291-6030
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For more information on the Joint Community Health Retraining Fund, visit [jointchrhf.ca](http://jointchrhf.ca)  
 Telephone: 604-291-9611 • Toll Free: 1-800-663-1674