

DATE: _____

Secretary Treasurer, Winnipeg Local
Canadian Union Of Postal Workers
PO Box 62, Winnipeg, Mb. R3C 2G1

As a member in good standing under Article 1.19 of the CUPW National Constitution and Article 4 of the Winnipeg Local Constitution, I request that my union dues be waived for the months I am not receiving wages or allowances from the employer and I do not have sufficient resources to support myself and my family.

PLEASE PRINT CLEARLY

NAME: _____ EMPLOYEE # _____

ADDRESS: _____
Street City Prov. Postal code

SHIFT _____ SECTION _____ HOME PHONE _____

TYPE OF UNPAID LEAVE: _____

LAST DAY OF WORK: _____

DATE UNPAID LEAVE STARTS: _____

EXPECTED DATE OF RETURN: _____

I am not working due to illness, accident, leave of absence without pay or suspension or dismissal imposed by the employer and does not have sufficient resources to support himself/herself and his/her family

I am aware that dues can not be pro-rated and only those complete months that I am without wages or allowances from the employer qualify to be waived.

SIGNATURE

OFFICE USE ONLY

FIRST COMPLETE MONTH WITHOUT WAGES/ALLOWANCES: _____

LAST COMPLETE MONTH WITHOUT WAGES/ALLOWANCES: _____

LEB APPROVED _____ SUBMITTED TO NATIONAL _____