

UBCJA LOCAL 1325
Records of Employment
Request

Attention: **SERVICE CANADA**

PH:506-548-7149

SOCIAL INSURANCE NUMBER: _____

FIRST NAME: _____ LAST NAME: _____

UBC MEMBER ID: _____ LOCAL: _____

BIRTH DATE: month: _____ day: _____ year: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ DATE: _____

I, (*SIGNATURE HERE*) _____, give my full consent and authorization to the United Brotherhood of Carpenters and Allied Workers, Local Union 1325, in Edmonton, Alberta, to obtain copies of my Records of Employment from 2010 to and including 2020 .

I understand that my Records of Employment will be used to prove my Hours of Experience as a Carpenter and/or a Scaffolder so that the UBCJA Local 1325 may determine my trade status within the Local Union.

I, (*SIGNATURE HERE*) _____, give my full consent and authorization to Service Canada to release and send copies of my Records of Employment for the above mentioned years to:

ARCCAW
#133 15210 123 Ave
Edmonton, AB T5V 0A3
Email:eminnock@albertacarpenters.com
FAX: 780-477-7143

Attention: **Edel Minnock** 780-471-3200 Ext. 2100