



# TRANSFER OF HOURS

LiUNA!care Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2  
 www.liunacare183.com | e: info@liunacare183.com

## A Member Information (Please Print)

Last Name		First Name		Gender	Male	Female
Address				Birth Date (yyyy/mm/dd)		
Town/City			Province		Postal Code	
Union ID OR Social Insurance Number (SIN)				Country		
Email Address				Telephone No.		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.		

## B Transfer Information

Please be advised that the above-mentioned member has instructed us to transfer his/her hours.

**FROM**

Local: \_\_\_\_\_

**TO**

Local: \_\_\_\_\_

## C Member Disclosure Authorization

Member Name: \_\_\_\_\_  
 (Print Name)

Member Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_