

# BEREAVEMENT / PARENTAL LEAVE

Send to: LiUNAcare Local 183 | 2100 – 200 Labourers Way | Vaughan, ON L4H 5H9  
P: 416.240.7487 | F: 416.240.7488 | w: www.liunacare183.com | e: info@liunacare183.com

## A Member Information (Please Print)

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

I was unable to attend work on the \_\_\_\_\_ of \_\_\_\_\_  
(List Days) (Month / Year)

On the dates listed above, I was working for \_\_\_\_\_ and I **did not receive** any reimbursement for lost wages.  
(Name of Company)

## B Bereavement (January 1, 2017)

Bereavement (\$250 per day to a maximum of 3 consecutive days)

I was away from work to attend the funeral of \_\_\_\_\_, my \_\_\_\_\_.  
(Name) (Relationship)

## C Parental Leave (January 1, 2017)

Parental Leave (\$250 per day to a maximum of 3 consecutive days)

Application Card Completed Yes No

I was away for the birth of my Son Daughter

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

## D Member Disclosure Authorization

**Please attach a photocopy of the birth/death certificate or temporary health card AND a letter from your employer / payroll department on company letterhead confirming your last day of work prior to the birth/death and the days absent from work.**

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

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