



PVNC OECTA Courtesy Form

IN ORDER TO BE PROCESSED THIS FORM *MUST* BE *COMPLETED IN FULL* AND RECEIVED NOT MORE THAN 2 MONTHS AFTER THE DATE OF THE EVENT.

PLEASE SEND THIS FORM TO THE UNIT OFFICE VIA FAX
(705) 742 8599 or
EMAIL (mikeatoecta@yahoo.ca)

Association Rep's Name: _____
Location: _____

Name of Staff Member: _____
OECTA () CUPE () Administration ()

Occasion: () illness () death () birth
() marriage () other

Date: _____

Details: (i.e. name of deceased, location of funeral, length of illness, special award, etc.) _____

Full mailing address **if staff member is not at school:**

(and home phone number if there is to be a delivery)

In the case of a death in the member's family, would they like a donation to a specific charity? If so, which charity? Please provide home address of member (above).

