



# 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 ([office@pvncoecta.ca](mailto:office@pvncoecta.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).

\_\_\_\_\_  
\_\_\_\_\_