



CUPE Local1091 COMFORT

Member Submission Form

Please complete this form for any CUPE Member who is in need of comfort from the Union.

Date: _____

Member Name: _____

Work Location: _____

Sick or Illness: _____

In Sympathy – Loss of:

Send Flowers: Yes _____ No _____

Confidential: Yes _____ No _____

Notice in CUPE1091 Horizons Newsletter? Yes _____ No _____

Are there any concerns the Union needs to know to help the member?

Please fax or email this form to the Union Office at the contact information below.