Submit by Email | Print Form

CUPE Local 454
Good & Welfare Reporting Form

Date	
Name of Member	
Department	
Supervisor/Manager	

Recognition Type	Select	Date (Of Death, Injury, Birth, etc.)	Name, if other than Member	Relationship to member
Death	☐			
Birth	☐			
Accident/Illness	☐			
Marriage	☐			
Retirement	☐			

Additional Information: (Donations in lieu, name of hospital or recovery address, and expected recovery time)	

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