



Ontario School Board Co-ordinating Committee • Comité de Coordination des Conseils Scolaires de l'Ontario

NOTICE OF URGENT OSBCC LEADERSHIP MEETING!

THIS IS A FRAGRANCE-FREE MEETING

THE ABOVE NOTED MEETING WILL BE HELD AT:

SUNDAY APRIL 27TH, 2014

**LOCATION: SHERATON CENTRE TORONTO HOTEL
123 QUEEN STREET WEST
TORONTO, ONTARIO M5H 2M9
Telephone: 1-416-361-0100
Fax: 1-416-947-4854**

TIME: 9:00AM TO 5:00PM

**** LUNCH WILL BE PROVIDED ****

AGENDA

1.	Opening Remarks
2.	Briefing on Bill 122
3.	Explanation of the vote process at the local level
4.	What happens after the vote!
5.	Guest speakers (Paul Moist, Fred Hahn, Candace Rennick)
6.	Discussion regarding Central Bargaining
7.	Adjournment

REGISTRATION FORM

2014 URGENT OSBCC LEADERSHIP MEETING

SUNDAY APRIL 27th, 2014

Registration Fee: \$50.00 Meeting Fee (LUNCH PROVIDED)

COMPLETE AND RETURN THIS REGISTRATION FORM WITH YOUR **CHEQUE MADE OUT TO: CUPE ONTARIO –**
AND RETURN TO:

CUPE Ontario Regional Office – URGENT OSBCC Leadership Meeting (2014)

Attention: Heather Ramsay

80 Commerce Valley Drive, East – Markham, ON – L3T 0B2

(PLEASE PRINT CLEARLY)

NAME	



**URGENT OSBCC LEADERSHIP MEETING
ACCESS REQUEST FORM**

(Please fill out this form for each delegate)

Local No. _____

(Please print or type)

Name of Delegate: _____

Address: _____

Postal Code

Telephone: (home)

(office)

Email: _____

Please check service(s) required (All services will be provided by CUPE Ontario):

Guide/Personal Assistance

I will provide my own

One is required

	Hotel	Event
ASL Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair / scooter access	<input type="checkbox"/>	<input type="checkbox"/>
Assistance at check in/Registration	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in case of evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Alternative Communication

French Translation

Real Time Captioning

**I need materials electronically in advance
(in order to accommodate a disability)**

Serious allergy alert (Please specify)

Will you require any other accommodations at the event? (Please specify)

Will you require any other accommodation at the hotel (such as TTY, visual alarm, etc.) (Please specify)

Other services? (Please specify)

Please complete and return by to:
CUPE Ontario Access Request
80 Commerce Valley Drive, East
Markham, Ontario L3T 0B2
(905) 739-3999 or FAX: (905) 739-4001

URGENT OSBCC LEADERSHIP MEETING

SUNDAY APRIL 27TH, 2014

SHERATON CENTRE TORONTO HOTEL

APPLICATION FOR “TRANSPORTATION” SUBSIDY

THIS TRANSPORTATION SUBSIDY IS AVAILABLE FOR THIS URGENT OSBCC LEADERSHIP MEETING ONLY

TOTAL NO. OF MEMBERS IN LOCAL:	LOCAL NO.
SECRETARY:	
ADDRESS:	
POSTAL CODE:	
PHONE NO. ()	

- If your local has less than one hundred (100) members, then a transportation subsidy for travel cost is available to assist your local union for one delegate. Using this subsidy can help your local send one delegate to the URGENT OSBCC LEADERSHIP MEETING.
- Travel costs are reimbursed at 41¢ per kilometre **or** Economy Class airfare, plus ground transportation, **whichever is less**. Parking costs are also reimbursed but should be at the cheapest rates, e.g. Park & Fly.
- If your local is more than 500 kilometres from the site, then a transportation subsidy is available to assist your local union.

URGENT OSBCC Leadership Meeting

c/o Candace Rennick, CUPE Ontario

80 Commerce Valley Drive

Markham, Ontario L3T 0B2

Phone: 905-739-3999 FAX: 905-739-4001

“Note: this local subsidy is available for this Urgent OSBCC Leadership Meeting only. All other local subsidies for all other events will be subject to the terms of the OD constitution.”



Family or Dependent Care Subsidy

Name of Claimant:	Local No.
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CUPE only reimburses expenses in excess of regular fees. (e.g. if your regular fees are \$30.00 per day and attendance at the CUPE function requires you to pay \$40.00, you would therefore claim the “excess fee” of \$10.00). You may claim up to \$50.00 per day – *receipts must be attached*. Please indicate the dates for expenses incurred, and the **excess** daily cost.

Name of Function or Conference:
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DATE	COST (per day)
TOTAL	\$

Cheque to be made payable to: **Claimant**

Local Union

Mailing Address:

_____ 1) _____

Signature of Claimant

_____ 2) _____

*signatures of 2 officers of the Local,
one of whom is not the claimant*

This form must be completed and forwarded no later than 30 days following the dates claimed to:

CUPE Ontario
80 Commerce Valley Drive
Markham, ON L3T 0B2
Phone: (905) 739-3999 Fax: (905) 739-4001
COPE 343 2009

Cheque # _____
Date : _____