

LAYOFF REGISTRY FORM

POST-SECONDARY EMPLOYERS' ASSOCIATION LAYOFF REGISTRY

1. College, University College, Institute: _____
2. Registrant: _____
3. Service Date (length of service): _____
4. Program/Area: _____
5. Date of Availability (Lay-off or End of Contract): _____

Registrant Electronic Resume available at:

College/University College/ Institute Contact Person: _____

College/University College/Institute Contact Phone Number: _____

Bargaining Unit Contact Person: _____

Bargaining Unit Contact Phone Number: _____

Information Release Waiver for the purposes of *the "Freedom of Information and Protection of Privacy Act"*.

I agree that the above personal information, my Resumé (if available) can be made available to prospective Institutional Employers and Union via the internet or other means.

Signature of Registrant

Date (MM/DD/YYYY)