

**MEMORANDUM**

**Date: July 24, 2013**

**To: Region 2 TREASURERS/TRUSTEES**

**Re: TREASURERS/TRUSTEE COURSE - MONDAY September 16, 2013**

**THIS IS A 1 - DAY COURSE AND WILL BE HELD AT:**

**505 York Blvd, Lower Level, HAMILTON Ontario  
(McCullough Room):**

**SEPTEMBER 16<sup>TH</sup>, 2013  
9:00 – 4:30**

**Phone: 1-800-268-7376  
Fax: 905-525-2377**

**What you need to do:**

**Complete the necessary forms and return to the HAMILTON Regional Office:**

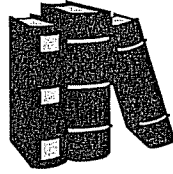
**Before: Monday September 9, 2013**

**Fax: 1-905-525-2377**

**Mail: OPSEU HAMILTON, 505 York Blvd – Lower Level  
Hamilton L8R 3K4**

**Email: [ssostar@opseu.org](mailto:ssostar@opseu.org)**

## **REGION 2 - TREASURERS/TRUSTEES COURSE**



### **Local Treasurers/Trustees Course**

This course is aimed at Local Treasurers and Trustees who are either new to the role or experienced members who are seeking a “refresher course”. The goal is to give the necessary tools and education to Local Treasurers and Trustees in order for them to fulfill their roles in the Local. It will also draw on members’ experiences to solve problems occurring with the administration of Local funds.

#### **OPSEU Policies**

**NO**

**Fragrances**

**Nuts & Nut Products**

**Bottle Water**

**Coca-Cola Products**

Persons Attending OPSEU events are to refrain from using perfume, cologne and other fragrances, for the comfort of other participants.

Participants are also to refrain from bringing nuts and nut products, bottled water and Coca-Cola products to OPSEU events.

**REGION 2 TREASURER/TRUSTEE COURSE**  
**Attendance and Advance Form**  
*(Page 1 of 2)*

Name \_\_\_\_\_ Local \_\_\_\_\_ Union # \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # home \_\_\_\_\_ work \_\_\_\_\_ email \_\_\_\_\_

Advance: amount required \$ \_\_\_\_\_

mail to home     deliver to educational

Approved by Local Officer: \_\_\_\_\_

**Lost wages:**

**If you require unpaid union leave to attend this course:**

**What shift/hours:** \_\_\_\_\_

**Hourly Rate:** \_\_\_\_\_

**Total Amount Claimed:** \_\_\_\_\_

**In order to process your request, OPSEU will require a letter from your Employer confirming you were off on an unpaid leave for September 16, 2013, including the shift missed and the hourly rate. Please bring this letter with you to the course.**

**Other form(s) attached:**     Personal assistance

**Mail to: OPSEU, 505 York Blvd – Lower Level,  
Hamilton, Ontario L8R 3K4**

**or Fax to: 1-905-525-2377  
or Email: ssostar@opseu.org**

**BY MONDAY, Sept. 9, 2013**

**REGION 2 TREASURER/TRUSTEE COURSE**  
**Attendance and Advance Form**  
*(Page 2 of 2)*

Name \_\_\_\_\_

Local \_\_\_\_\_

**Current position within your Local:**

**Positions /activities previously accomplished in your Local:**

**How will your participation in this regional course enable you to become more effective as a Treasurer/Trustee?**

**My local President or Treasurer is aware of my advance request**

Yes \_\_\_\_\_ No \_\_\_\_\_.

**Please note: Local approval of an advance will be verified by the Education Committee.**

**OPSEU is committed to achieving equitable participation of designated group members in its education programs. Your indication of your designated group status will enable us to assess our progress in reaching this goal.**

- |  |  |
|--|--|
| <input type="checkbox"/> Aboriginal (First Nations, Metis and Inuit) | <input type="checkbox"/> Woman                       |
| <input type="checkbox"/> Person with a Disability                    | <input type="checkbox"/> Racialized Person           |
| <input type="checkbox"/> **LGBQQTs                                   | <input type="checkbox"/> Young Person (under age 30) |
|  | <input type="checkbox"/> Francophone                 |
|  | <input type="checkbox"/> Gender Variant              |

*\*\* Lesbian, Gay, Bi-sexual, Queer, Questioning, and 2 Spirited*

**PERSONAL ASSISTANCE AND/OR SPECIAL NEEDS REQUEST FORM**

This form **MUST** be completed and returned together with the Attendance and Advance Form to the Hamilton Regional Office by Monday September 9, 2013.

**PLEASE PRINT**

UNION# \_\_\_\_\_

LOCAL \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE #: RES (\_\_\_\_) \_\_\_\_\_ BUS (\_\_\_\_) \_\_\_\_\_

Blind or visually impaired

Deaf or hearing impaired

*Wheelchair*

Wheel hub to hub measures: \_\_\_\_\_ cm.

I will need special assistance in the event of an evacuation

**Please specify any other special requirements:**

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## **ALLOWABLE EXPENSES FOR REGIONAL EDUCATION**

### **MEAL EXPENSES:**

**BREAKFAST \$12**

**LUNCH \$17**

**SUPPER \$27**

### **ADVANCE CHEQUES**

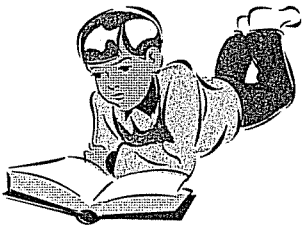
Applicants may arrange to receive an advance cheque to cover mileage and meal expenses by filling out a dollar amount on the request for an advance portion of the Attendance and Advance Form

**NOTE: Advances are not given for lost wages**

### **TRAVEL EXPENSES:**

Round Trip mileage at the rate of:

- 50 cents per kilometer**
- 55 cents with 1 passenger**
- 60 cents with 2 passengers**
- 65 cents with 3 passengers**
- 70 cents with 4 passengers**



### **CHILD/FAMILY ATTENDANT CARE**

**When care is provided in your home**

**Members are entitled to reimbursement of the reasonable cost for care provided by someone other than his/her partner/spouse as a result of their absence from home.**

**Members will be reimbursed at the rate of \$6 per hour to a maximum of 12 hours. The overnight fee is \$40 to a maximum of \$112 for each 24 hour period**

**Claims must be signed by the care provider and maybe verify by Head Office before payment is made.**

### **LOST WAGES WILL BE COVERED FOR UNPAID UNION LEAVE (SEE ABOVE)**

**Time off requests will NOT be sent to your employer by OPSEU**

### **IMPORTANT NOTICE**

**DUE TO FINANCIAL AND LOGISTICAL LIMITATIONS, YOUR REGISTRATION IN THIS COURSE MUST BE CONFIRMED IN ORDER TO RECEIVE EXPENSE REIMBURSEMENT.**