



PSAC ONTARIO REGION HARDSHIP APPLICATION

Please Complete in Full, use back of paper if required

Name: (please print)			
Classification & Level:		PSAC ID#:	
Local #:		Component:	
Address:			
Address (Continued)			
Phone: Home #		Work #:	
Email Address: (Home)			
Email Address: (Work)			

Declaration of Household Income Earned During Strike:

Self: _____
 Spouse/Partner: _____
 Other Source/Income: _____
 Total: _____

How many days were you out on Strike?			Did you receive any top-up from your local?	
Yes:	No:	If so, how much? Per day?	Total:	

Nature of Hardship (please explain your extenuating circumstances):

What have you done to try to address your extenuating circumstances?

Important - Please submit copies of your cheque stubs showing the days you were on strike. (applications cannot be processed without this information)

Please complete this application and ensure all documentation is attached and forwarded to the REVP, Ontario @ 90 Eglinton Avenue East, Suite 608, Toronto, ON M4P2Y3

Recommendation of Committee:

Approved: _____ Declined (Reason): _____
