



CUPE Call-Out Registration Form

As per Appendix B of the Collective Agreement

Employee Name: _____

Employee Number: _____

Contact Number: _____ - _____ - _____ **(This will be used as the sole contact number for the call out process)**

(The employee will be contacted at the listed number and at the School District worksite. Call outs will be made between 7:30 am – 9:30 am each day. Messages will only be left after the first cycle).

Classification(s) *(You must be qualified to work in the classification)*

Bus Driver	_____	Education Assistant	_____	Journeyman	_____
Custodian	_____	General Maintenance	_____	Library Clerk	_____
Strong Start	_____	Groundsman	_____	Secretary	_____
FLC Program Assistant	_____				

School Preference(s)

Burton Academy School	_____		
Edgewood Elementary School	_____ }	Southern Zone Schools	
Nakusp Elementary School	_____		
Nakusp Secondary School	_____ }	Central Zone Schools	
Lucerne Elem-Sec School	_____ }	Eastern Zone	

Employee Signature: _____

Date: _____

Upon five (5) working days of receipt of this form, the employee will be notified by the District. This form can be found on the District website: sd10.bc.ca

Office use only:

Seniority Date: _____ Date received in office: _____