



ARTICLE 10.3
**REFERRAL TO
LABOUR MANAGEMENT COMMITTEE**

I, _____, wish to submit my claim to the 10.3 Labour Management Committee.

My program group resubmitted my claim to Finance on _____ and the Institute notified me on _____ that there were questions regarding the appropriateness of my claim.

Attached to this request form are the following required documents:

- Travel/Professional Development Expense Statement
- Article 10.3 Professional Development Expense Fund Claim
- Copies of relevant receipts
- Copies of any correspondence with my program group relating to my claim
- Other documents in support of my claim

Employee Signature	Date
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Please print, sign and submit the completed form with all attachments to Labour Relations NW01–130 and to the FSA Office SE16–116.

Please consult the Article 10.3 guidelines or your FSA representative if you require any assistance in completing this form.