



ARTICLE 10.3 REFERRAL TO LABOUR MANAGEMENT COMMITTEE

CLEAR FORM

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 SW01-2310 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.