EXHIBIT "A" to Form 5

of	(date) (Date of application for certification)		
(date)	\ 11	,	
Name	Job	Description	Hours of Work (full-time, part- time, etc.)

Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for administering services under Prince Edward Island's Labour Act. If you have any questions about this collection of personal information, you may contact the Chief Executive Officer of the Labour Relations Board at 902-368-5550.

Initials of Respondent

Date