



Labourers' Local 837 Health and Welfare Trust Fund

TRANSFER OF HOURS TO LOCAL 837

Please be advised that Brother/Sister _____

Social Insurance Number _____

Address _____

Has requested his/her hours to be transferred as follows:

FROM: LiUNA Local _____

Companies worked for: _____

Months Worked: _____

TO: LiUNA LOCAL 837
44 Hughson Street South
Hamilton, ON L8N 2A7

Signature of Member

Signature of Administrator

Date: _____

