

May 11, 2022

**TO: Local Union Presidents and Recording Secretaries, and  
Chairpersons and Secretaries of Retired Workers Chapters and Area  
Councils**

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## **2022 RETIRED WORKERS COUNCIL September 4 - 9, 2022**

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This is our call letter to the annual Retired Workers Council to be held at the Unifor Family Education Centre, in Port Elgin, Ontario.

Check-in time is 3:00p.m to 10p.m. The council will commence after dinner on Sunday and adjourn at 12:00p.m. on Friday. (All rates include kit materials, five (5) nights' accommodation and meals beginning with dinner on Sunday, up to and including lunch (bagged lunch provided) on Friday).

**\*Council registration fee is \$30.00 per delegate/alternate/observer.** All participants of the Retired Workers Council receive all materials. The registration fee of \$30.00 per participant plus the room and board rates for this council is, as follows:

- Delegates/ Local Union Guests - \$1,050, (after \$250 subsidy), no taxes applicable
  - + Spouse (if local is paying) - \$250, no taxes applicable
- + Spouse (if delegate is paying) - \$282.50, incl. 13% hst of \$32.50
- Sharing with another delegate - \$675, (after \$250 subsidy), no taxes applicable  
(per person, not accompanied by spouse)

Single accommodation will be on a limited basis at the Unifor Family Education Centre. Subsidy Eligibility – The cost for delegates has been subsidized, in the amount of \$250.00, by the National Union.

ALL delegates & spouses or Local Union guests must submit a Council Registration Form as well as a Centre Reservation Form. Accommodation at the Centre will be on a first-come, first-served basis. If the Centre is booked it is your responsibility to make your own alternative **arrangements or your Local may do so on your behalf.**

\*OFF-SITE delegates & spouses or Local Union guests must also submit a council registration form and pay the \$30.00 per delegate/alternate/observer. - Meal plans can be arranged at the front desk. Anyone not complying with this policy will be charged accordingly. ALL DELEGATES & spouses STAYING OFF-SITE MUST PURCHASE A \$50.00/DAY MEAL PACKAGE

ALL FEES must be paid in advance by cheque, Visa, Master Card or Amex. Two separate forms of payment must accompany the reservation form.

- One for the \$30.00 registration fee
- One for total cost of accommodation.

Cheques are made payable to “Unifor Family Education Centre”. Mail with the “signed” reservation form AND delegate/alternate/observer OR Local Union guest registration form(s) to the Unifor Family Education Centre, 115 Shipley Avenue, Port Elgin, ON, N0H 2C5, or email to [confcentre@unifor.org](mailto:confcentre@unifor.org). If you wish to pay by credit card complete the “method of payment” section on the reservation form. Please contact the front desk with questions, toll free 1-800-265-3735, ext. 3221 or 519-389-3200.

Cancellations must be made outside of 48 hours prior to the Council. Failure to do so will result in a billing for the full cost of the accommodation.

**\*CANCELLATION POLICY: If your spouse is unable to attend and cancels within the 48 hours prior to the Council (ie: At check-in) please be advised that there will be billing for the full cost of the accommodation. There will be no exceptions.\***

Special needs of any delegate or spouse, requiring particular accommodations or meals, must indicate the request on their reservation form.

Travel allowance is provided to delegates whose chapter or area council is over 800 km. one way to the Unifor Family Education Centre. This applies to one (1) delegate per chapter or area council. An economy airline ticket with Air Canada will be reimbursed by the National Union. Approval must be pre-authorized before the Council.

Resolutions – (deadline June 15, 2022) brought to the floor of this council are to be forwarded to Julia Root Administrative Assistant RW department, email [Julia.Root@unifor.org](mailto:Julia.Root@unifor.org) and [Barb.Dolan@unifor.org](mailto:Barb.Dolan@unifor.org). If possible, please submit resolutions in word format.

COVID-19 Precautions: All delegates/alternates/observers and their spouses / guests wishing to attend the Retired Workers Council must be fully vaccinated and provide proof of vaccination and be prepared to wear a mask indoors when social distancing is not possible. Also review the self-screening form prior to arrival and each day of the Council.

**\*Note: Delegates and Alternates are encouraged to bring a non-perishable food item and the Grey Bruce Labour Council and Unifor Retired Workers will be holding a food collection on Labour Day for the Foodbank.**

Please ensure that all forms are completed and sent in, this includes the Unifor Family Education Centre reservation form as well as a Council registration form: Delegate/Alternate/Spouse/Observer/Local Union Delegate.

Please contact Barb Dolan, Director, Retired Workers department, if you have any questions, at 416-998-3954, or by email at [barb.dolan@unifor.org](mailto:barb.dolan@unifor.org).

**Delegate entitlement is outlined in the Unifor National Constitution Article 12. Section 15 a), b), c) and d) and the National Retired Workers By-laws Article 3. (see below)**

### **ARTICLE 3 – REPRESENTATION TO THE NATIONAL RETIRED WORKERS COUNCIL**

- a) Each Local Union Retired Workers Chapter shall be entitled to one (1) retired worker delegate.
- b) Each Local Union Retired Workers Chapter having more than one thousand (1,000) retired workers shall be entitled to one (1) additional retired worker delegate for each one thousand (1,000) retired workers or major fraction thereof; providing however, that where appropriate, the National Executive Board may approve additional representation.
- c) Each Retired Workers Area Council shall be entitled to three (3) retired worker delegates.
- d) Each Local Union shall be entitled to one (1) delegate to be designated by the President of the Local Union.

**National Retired Workers Council Executive Composition**  
**National Retired Workers By-laws Article 6 and Article 8. (see below)**

## **ARTICLE 6 – NATIONAL RETIRED WORKERS COUNCIL EXECUTIVE**

- a) As per Article 12 (19) of the Constitution, a National Retired Workers Council Executive shall be established and shall meet quarterly.
- b) The composition of the Executive shall reflect the regional, gender and equity principles of the National Union.
- c) The Executive shall be composed of a Chair, a Vice-Chair, a Secretary and seven (7) members-at-large. The Executive positions shall be filled at the annual meeting of the National Retired Workers Council immediately following the convention of the National Union.

## **ARTICLE 8 – RETIRED WORKERS COUNCIL EXECUTIVE POSITIONS AND ELECTIONS**

- a) The Retired Workers Council Executive Board and members-at-large will be elected by the National Retired Workers Council. The term will be for three (3) years.
- b) The Executive shall be composed of a Chair, a Vice-Chair, a Secretary, representatives from each of the Quebec Region, the BC Region, the Prairie Region, the Ontario Region and the Atlantic Region, a representative of Aboriginal and Workers of Colour, and 5 members at large, pending approval by the 2022 Unifor Constitutional Convention. Quebec will determine their process and is endorsed by the National Retired Workers Council.  
  
The representatives of the regions and Aboriginal and Workers of Colour will be elected by their respective areas and will be endorsed by the Retired Workers Council
- c) Members must be elected as a delegate by their Local Union Retired Workers Chapter or Area Council to the National Retired Workers Council to stand for any position or to vote in the elections.
- d) Each member standing for election, for the above positions, will be afforded two minutes to address the delegates.
- e) Voting shall be by secret ballot, unless there is no contest, in which case, election may be by acclamation. For positions where only one (1) is to be elected a candidate must receive the majority of the votes cast to be declared elected. For the members-at-large positions, the candidates receiving the most votes would be declared elected.

## **ARTICLE 9 – COMMITTEES**

- a) In addition to the positions as set out in Article 6 (a), the National Retired Workers Council will elect a Retired Workers Recreation Chairperson for a three (3) year term. The election for this position will be held in conjunction with the National Retired Workers Council Executive election on a separate ballot.
- b) The Retired Workers Recreation Chairperson will be an automatic member of the National Recreation Committee if the National Recreation Committee's Council Bylaws allow for such a provision.
- c) Including the positions as set out in Article 6 (a) and Article 9 (a), the National Retired Workers Council will elect the following committees for a three-year term: Credentials Committee consisting of three (3) members, and Labour Day Parade Committee consisting of seven (7) members.
- d) A member of the Retired Workers Council Executive shall chair these committees.
- e) As per Article 8 (b), members who wish to stand for these committees must be elected as a delegate to the National Retired Workers Council, by their Retired Workers Chapter or Area Council.
- f) Members elected to the above positions must be a delegate to each National Retired Workers Council in order to fulfill their respective term. Any vacancies to these committees will be filled, as per Article 8 (f).
- g) The composition of the above committees shall reflect the regional, gender and equity principles of the National Union.

In solidarity,

**Barbara M. Dolan**

Director, Retired Workers Department

BD:jrcope343/Encl.

cc: L. Payne, D. Tveit, Assistants, National Executive Board, National Representatives, RWCE, S. Hamilton, S. Laidlaw, Front Desk – FEC

**\*REGISTRATION DEADLINE – AUGUST 4\***





**DELEGATE/ LOCAL UNION DELEGATE REGISTRATION FORM**  
**RETIRED WORKERS COUNCIL**

LOCAL \_\_\_\_\_ RETIRED WORKER'S CHAPTER

\_\_\_\_\_ AREA RETIRED WORKER'S COUNCIL

DELEGATE NAME:

EMAIL ADDRESS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

1. \_\_\_\_\_
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7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**CHAPTER/AREA COUNCIL CHAIRPERSON**

**CHAPTER/AREA COUNCIL SECRETARY**

X \_\_\_\_\_  
PLEASE PRINT OR TYPE NAME

X \_\_\_\_\_  
PLEASE PRINT OR TYPE NAME

PHONE NUMBER \_\_\_\_\_

**This form must be completed, signed and sent to [Julia.Root@unifor.org](mailto:Julia.Root@unifor.org) by August 18, 2022**



Retired Workers/Membres retraités

# SPOUSE REGISTRATION FORM

## RETIRED WORKERS COUNCIL

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LOCAL \_\_\_\_\_ RETIRED WORKER'S CHAPTER

OR

\_\_\_\_\_ AREA RETIRED WORKER'S COUNCIL

**SPOUSE FEE = \$250.00** (IF LOCAL IS PAYING)

**SPOUSE FEE = \$282.50** (IF DELEGATE OR L.U. GUEST IS PAYING, INCL. 13% HST)

SPOUSE NAME(S):

1. \_\_\_\_\_

7. \_\_\_\_\_

2. \_\_\_\_\_

8. \_\_\_\_\_

3. \_\_\_\_\_

9. \_\_\_\_\_

4. \_\_\_\_\_

10. \_\_\_\_\_

5. \_\_\_\_\_

11. \_\_\_\_\_

6. \_\_\_\_\_

12. \_\_\_\_\_

CHAPTER/AREA COUNCIL CHAIRPERSON

CHAPTER/AREA COUNCIL SECRETARY

X \_\_\_\_\_

X \_\_\_\_\_

PLEASE PRINT OR TYPE NAME

PLEASE PRINT OR TYPE NAME

**THIS FORM MUST BE COMPLETED, SIGNED AND FORWARDED TO THE UNIFOR  
FAMILY EDUCATION CENTRE BY AUGUST 18**

BD/jrcope343





Retired Workers/Membres retraités

# GUEST REGISTRATION FORM

## RETIRED WORKERS COUNCIL

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LOCAL \_\_\_\_\_ RETIRED WORKER'S CHAPTER

OR

\_\_\_\_\_ AREA RETIRED WORKER'S COUNCIL

**L.U. GUEST FEE = \$1050.00** (ACCOMPANIED BY SPOUSE)  
**L.U. GUEST FEE = \$675.00** EACH (SHARING WITH A GUEST OR DELEGATE)

DELEGATE NAME(S):

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

**CHAPTER/AREA COUNCIL CHAIRPERSON**

**CHAPTER/AREA COUNCIL SECRETARY**

X \_\_\_\_\_  
PLEASE PRINT OR TYPE NAME

X \_\_\_\_\_  
PLEASE PRINT OR TYPE NAME

**THIS FORM MUST BE COMPLETED, SIGNED AND FORWARDED TO THE UNIFOR  
FAMILY EDUCATION CENTRE BY AUGUST 18**

BD/jrcope343



**OBSERVER REGISTRATION FORM**  
**RETIRED WORKERS COUNCIL**

LOCAL \_\_\_\_\_ RETIRED WORKER'S CHAPTER

\_\_\_\_\_ AREA RETIRED WORKER'S COUNCIL

DELEGATE NAME:

EMAIL ADDRESS:

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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5. \_\_\_\_\_

6. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

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8. \_\_\_\_\_

9. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

10. \_\_\_\_\_

**CHAPTER/AREA COUNCIL CHAIRPERSON**

**CHAPTER/AREA COUNCIL SECRETARY**

X \_\_\_\_\_

X \_\_\_\_\_

PLEASE PRINT OR TYPE NAME

PLEASE PRINT OR TYPE NAME

PHONE NUMBER \_\_\_\_\_

This form must be completed, signed and sent to [Julia.Root@unifor.org](mailto:Julia.Root@unifor.org) by August 18, 2022

# RESERVATION FORM

**Unifor Family Education Centre**

115 Shipley Avenue, Port Elgin, Ontario N0H 2C5

Toll Free: 1.800.265.3735 ext. 3221 • Fax: 519.389.3222 • Email: [confcentre@unifor.org](mailto:confcentre@unifor.org)

Event/Conference Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Guest Mailing Address Information**

Local Union: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Labour Organization/Corporate Mailing Address Information**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information - complete names only if they are attending:**

Spouse/Partner attending: Yes  No  Name: \_\_\_\_\_

Children Attending: Yes  No  Child Care Required: Yes  No

*(Check with your event/conference organizer if childcare is offered and, if so, request a childcare form for completion)*

Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_ Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_

Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_ Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Requirements** (i.e. diet, accessible room, no stairs, medical, off-site accommodations, etc.)

No:  Yes:  Explain: \_\_\_\_\_ Off-site meal package

Do you smoke? No:  Yes:  (If so, we will provide ground floor access to patio if available)

**Rooming Request (Partner):** \_\_\_\_\_

**METHOD OF PAYMENT**

Full payment for room and board will be made by (please check one):

Labour Organization (Union/Union Associate)  Corporate (Non-union)  Guest

I authorize payment of the following accommodations for this delegate:

shared room with another delegate  delegate only single room  delegate & family

**Contact person to authorize payment:** \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Method of payment (please check one):**  M/C  Visa  American Express

Credit card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

Cheque: *Payable to Unifor Family Education Centre - send with this form - no personal cheques*

Registration Fee: # \_\_\_\_\_ \$ \_\_\_\_\_

Room and Board Fee: # \_\_\_\_\_ \$ \_\_\_\_\_

**If costs incurred are not covered by your local, please complete the following information:**

Personal Visa/MC/AMEX: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

**I agree to be personally liable in the event that the indicated person, corporation or labour organization fails to pay for any part or the full amount of the invoice.** The Centre assumes no responsibility for loss of money, jewels, or other valuables and is not responsible for articles left in rooms or automobiles.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COVID-19 PRE-SCREENING QUESTIONS

In order to ensure the health and safety of all staff and members, please ask the following questions to limit the spread of COVID-19.

If you answer yes to any of the questions below, please do not come to the event location and contact your local health authority.

**1. Are you experiencing any of the following symptoms:**

- Fever of 38°C or higher?
- Cough?
- Difficulty breathing or shortness of breath?
- Severe fatigue or feeling of being generally unwell?
- Loss of smell or taste?

**2. In the last 10 days have you:**

- Tested positive for COVID-19 or been advised by a doctor, health care provider or public health unit that you should currently be isolating or staying home?
- Tested positive on a rapid antigen/home-based test and not completed a follow up test at an assessment centre?
- Had close physical contact:
  - with someone you live with who is experiencing any new COVID-19 symptoms and/or waiting for a test result?
  - with someone who has tested positive for COVID-19 or who is considered a probable case?
- Received a COVID Alert exposure notification on your cell phone?

**3. In the last 14 days have you:**

- Travelled outside of Canada and been told to quarantine (per the federal quarantine requirements)?

If you answer “yes” to any questions, or are feeling ill in any way, do not come to the event location.

We ask that you cancel your participation immediately by notifying:

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You must then follow your local public health guidelines, including getting tested for COVID-19.

## COVID-19

## QUESTIONS DE DÉPISTAGE À SE POSER

Afin de garantir la santé et la sécurité de l'ensemble du personnel et des membres, veuillez répondre aux questions suivantes afin de limiter la propagation de la COVID-19.

Si vous répondez oui à l'une des questions ci-dessous, veuillez ne pas vous rendre sur le lieu de l'événement et contacter les autorités sanitaires locales :

**1. Ressentez-vous l'un des symptômes suivants:**

- Fièvre de 38°C ou plus?
- Toux?
- Difficultés respiratoires ou essoufflement?
- Fatigue grave ou sensation de malaise général?
- Perte de l'odorat ou du goût?

**2. Au cours des 10 derniers jours, avez-vous :**

- Été testé(e) positif(ve) à la COVID-19 ou été informé(e) par un médecin, un prestataire de soins de santé ou un service de santé publique que vous devriez actuellement vous isoler ou rester à la maison?
- Été testé(e) positif(ve) lors d'un test rapide à l'antigène/à domicile et n'avez pas effectué de test de suivi dans un centre d'évaluation?
- Eu un contact physique étroit :
  - avec une personne avec qui vous vivez et qui présente de nouveaux symptômes de la COVID-19 et/ou qui attend un résultat de test?
  - avec une personne qui a été testée positive à la COVID-19 ou qui est considérée comme un cas probable?
- Reçu une notification d'exposition par Alerte COVID sur votre téléphone cellulaire?

**3. Au cours des 14 derniers jours, avez-vous :**

- Voyagé à l'extérieur du Canada et reçu l'ordre de vous mettre en quarantaine (conformément aux exigences fédérales en matière de quarantaine)?

Si vous répondez « oui » à l'une des questions, ou si vous vous sentez mal de quelque manière que ce soit, ne venez pas sur le lieu de l'événement.

Nous vous demandons d'annuler immédiatement votre participation en prévenant:

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Vous devez ensuite suivre les directives de santé publique locales, y compris vous faire tester pour la COVID-19.

May 11, 2022

**TO: Local Union Presidents and Recording Secretaries, and  
Chairpersons and Secretaries of Retired Workers Chapters and Area Councils**

## 2022 OUTSTANDING RETIRED WORKER OF THE YEAR AWARD

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We are now accepting nominations for the Unifor “Outstanding Retired Worker of the Year” Award. This annual award is presented to a retired activist who has made a major contribution to their Local Union and their community.

Attached is a background information sheet, outlining how to nominate a candidate for this very special award, and a nomination form. All nominations must comply with the criteria and be approved by the chairperson of your Retired Workers Chapter and the Local Union Executive Board, signed by the President.

**The deadline for submitting nominations will be June 15, 2022.** Kindly forward your submission to the Unifor Retired Workers Department, 115 Gordon Baker Road, Toronto ON M2H 0A8, or by email to [Julia.Root@unifor.org](mailto:Julia.Root@unifor.org) please cc’ [Barb.Dolan@unifor.org](mailto:Barb.Dolan@unifor.org). All submissions must be received in our office by the end of the day, on or before **June 15, 2022**.

Please forward the nomination in Word format. Alternatively we are attaching a fillable format of this nomination form that can be completed digitally and emailed to Julia at the address above.

Please contact Barb Dolan, Director, Retired Workers Department, if you have any questions, at 416-998-3954, or email [barb.dolan@unifor.org](mailto:barb.dolan@unifor.org).

In solidarity,



Barbara M. Dolan  
Director, Retired Workers Department

JD/BD:jrclope343/Encl.

cc: L. Payne, D. Tveit, Assistants, National Executive Board, National Representatives, RWCE, S. Laidlaw



## RETIRED WORKERS/MEMBRES RETRAITÉS

### Background and Criteria Information Outstanding Retired Worker of the Year Award

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The numerous freedoms and advances we enjoy today were fought for, won and secured by the pioneers of the union movement. Many of these pioneers have since passed away, however, there are several who are living and continuing their fight for a more caring and just society. Generally, volunteers in the union movement and from within the then UAW, CAW and now Unifor, have not always been adequately acknowledged and recognized for their life's devotion to the union and to helping build a better society.

Accordingly, the National Retired Workers Council Executive, in cooperation with the Unifor Retired Workers department, proposed the creation of an annual award to be bestowed on one (1) retired worker whose volunteer service has helped build the union and strengthen the community. This proposal was approved by the National Executive Board (NEB) in January 2000.

#### Criteria

1. Only rank-and-file Unifor retired workers will be eligible for the award.
2. Retired staff and retired full-time elected officers of Unifor are not eligible for nomination.
3. Each nomination must be approved by the Retired Workers Chapter and Local Union Executive Board. Where there is no organized Retired Workers Chapter in the Local Union, the nomination must be approved by the Local Union Executive Board. Forms will be made available for each RW Chapter and Local Unions.
4. All nominations must be received by June 15<sup>th</sup> by filling out the appropriate nomination form completely, which fully elaborates on the attributes of the nominee, and the full extent of the nominee's volunteer activities in the union and community.
5. Only one (1) nomination from each Local Union will be accepted in any given year.
6. This award is intended to honour a living retired worker. If a duly nominated member passes, between the date for applications (June 15, 2021) and the annual Retired Workers Council, that person will still be considered by the special awards committee.

7. The nominees for the award will be processed through a Special Awards Committee (SAC) made up of representatives of the National Retired Workers Council Executive, the Unifor Retired Workers department, the President's office and the Secretary-Treasurer's office.
8. The Special Awards Committee (SAC) and recommendation(s) must be finalized and approved by the National Executive Board (NEB). The approved designee and the Local Union will be notified of the NEB's decision.
9. Once the recipient of the award is finalized, arrangements will be made to bring the recipient and his/her partner to the annual Retired Workers Council for the presentation and tribute.
10. Each year's recipient will receive a personalized plaque which will have his/her name prominently inscribed and appropriately acknowledge his/her service to the union and the community.
11. All recipients of the award will have their achievements documented and highlighted throughout Unifor via the union's communication networks.
12. A recipient of the award can only be recognized once, although an individual may continue to be an activist in their chapter/area council and community, they may only be recognized once by Unifor.





## RETIRED WORKERS/MEMBRES RETRAITÉS

### NOMINATION FORM OUTSTANDING RETIRED WORKER OF THE YEAR AWARD

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We nominate the following retired worker to be considered for the above award for his or her performance, participation and achievement as an outstanding Unifor retired worker in the local and community:

Name of Nominee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Retired Workers Chapter (if applicable): \_\_\_\_\_

Retired from unit/plant/office: \_\_\_\_\_

Unifor Local: \_\_\_\_\_ # Years as Unifor member: \_\_\_\_\_

Activities in Local/Community:  
\_\_\_\_\_  
\_\_\_\_\_

Achievements:  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by Retired Workers Chapter/Local:** \_\_\_\_\_

*(signature of Chairperson)* x \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by Executive Board of Local:** \_\_\_\_\_

*(signature of President)* x \_\_\_\_\_

Date: \_\_\_\_\_







**Local/Chapter/  
Area Council:  
1111**

**Chair:  
Jane Smith**

**Recording -Secretary:  
John Smith**

**UNIFOR NATIONAL RETIRED WORKERS COUNCIL WILL:**

1. Encourage all chartered chapters/area councils to use the recommended format for resolutions; and
2. Encourage chartered chapters/area councils to keep resolutions at 175 words or fewer.

**BECAUSE:**

- Retired Workers Council runs smoother when resolutions are worded and laid out correctly; and
- The Resolutions Committee needs proper signatures to know the resolution comes from a chartered local and has been approved by its membership; and
- Unifor has to translate, print and process many resolutions.

**SUBMITTED BY UNIFOR RETIRED WORKERS CHAPTER/AREA COUNCIL 1111**

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**Jane Smith, Chair**

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**John Smith, Recording-Secretary**

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**Location of Chapter/Area Council**

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**Passed on Date**

BD/jrcope343



Local/ Chapter/  
Area Council:

Chair:

Recording-Secretary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unifor National Retired Workers Council Will:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Because:

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ; and
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ; and
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Submitted by Unifor Retired Workers Chapter/ Area Council

\_\_\_\_\_  
, Chair

\_\_\_\_\_  
, Recording- Secretary

\_\_\_\_\_  
Location of Chapter/ Area Council

\_\_\_\_\_  
Passed on Date