



INFORMATION LIAISON IDENTIFICATION FORM

SEPTEMBER 2024 - AUGUST 2025

Name:	_____		
Employee Number:	_____		
Class of Employment:	_____		
Workplace:	_____		
Phone Numbers:	_____	_____	_____
	<i>Home</i>	<i>Mobile</i>	<i>Work</i>
Email Addresses:	_____	_____	_____
	<i>EMSB Email</i>		<i>Personal Email</i>

Signature of Information Liaison

Date



Please return the completed form to **Eva Liane Tubio**
Internal Mail: APPA – Fax: 514 254-7872 (217) – Email: eltubio@appa.qc.ca