Association Professionnelle du Personnel Administratif (CSN)

INFORMATION LIAISON IDENTIFICATION FORM

SEPTEMBER 2026 - AUGUST 2027

Name: _____

Employee Number: _____

Class of Employment: _____

Workplace: _____

Phone Numbers: _____ | _____ | _____

Home | *Mobile* | *Work*

Email Addresses: _____ | _____

EMSB Email | *Personal Email*

_____ _____

Signature of Information Liaison | *Date*

Un(e) délégué(e) : A delegate: l'essentiel trait d'union! Essential in the workplace!

Please return the completed form to **Eva Liane Tubio**

Internal Mail: APPA – **Fax:** 514 254-7872 – **Email:** eltubio@appa.qc.ca