

CLAIM NO.

FIRE BRIGADES UNION

SYFR INDUSTRIAL DISPUTE 2009

HARDSHIP FUND CLAIM FORM

NAME / BRIGADE NUMBER

STATION / PLACE OF WORK

WATCH

RED

WHITE

BLUE

GREEN

OTHER DUTY SYSTEM

HOURS LOST TO STRIKE

DETAILS OF CLAIM

COMMENTS ARE OPTIONAL / ANY INFORMATION SUBMITTED WILL HELP YOUR CLAIM

ALL DETAILS OF THIS CLAIM ARE FULLY CONFIDENTIAL

SIGNATURE OF APPLICANT _____ DATE _____

SHADED AREA TO BE FILLED IN BY HARDSHIP FUND COMMITTEE / DELETE AS APPROPRIATE

THIS CLAIM **HAS/HAS NOT** BEEN AGREED UPON BY THE HARDSHIP FUND COMMITTEE.

AMOUNT TO BE REIMBURSED

£

SIGNATURE OF COMMITTEE MEMBERS

PRINT NAME

A MINIMUM OF THREE SIGNATURES ARE REQUIRED

DATE _____