

MARK A. ESPINOSA

President

**UFCW LOCAL 919**

**Hardship Request Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | | | | | | | |
| Employer: | | |  | | | Location: | |  | |
| BA: |  | | | | | Steward: | |  | |
| Member on whose behalf request is being made: | | | | | | | | | |
| Name: | | |  | | | | | | |
| Address: | | |  | | | | Phone: | |  |
|  | | |  | | | |  | | |
|  | | | Email: |  | | | | | |
| Reason for request: | | | | |  | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |

For local union use only:

|  |  |  |
| --- | --- | --- |
| Date: |  | |
| Disposition of request: | | * APPROVED * DENIED |
| Signed: |  | |
|  |  | |

U N I T E D F O O D A N D C O M M E R C I A L W O R K E R S U N I O N

**L O C A L 9 1 9**

U.F.C.W.

6 Hyde Road • Farmington, Connecticut 06032-2802 • Tel. 860-677-9333 Outside Local Dialing Area 1-800-842-2215

[www.ufcw919.org](http://www.ufcw919.org/)





JASON DOKLA

Secretary-Treasurer