

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: |  |
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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