



MARK A. ESPINOSA  
President

UNITED FOOD AND COMMERCIAL WORKERS UNION

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

U.F.C.W.

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Outside Local Dialing Area 1-800-842-2215  
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JASON DOKLA  
Secretary-Treasurer

## 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: | <input type="checkbox"/> APPROVED |
|                         | <input type="checkbox"/> DENIED   |
| Signed:                 | _____                             |