



Appendix "A"

REQUEST FOR ACCOMMODATION FORM

PLEASE COMPLETE ALL THE REQUIRED INFORMATION

This request is for:

- Priority 1** QEC employees whose staff housing is uninhabitable.
 - Priority 2** New hires whose employment contracts contain a housing allocation.
 - Priority 3** Move request by QEC employees currently occupying staff housing.
- *Refer to section 2. Housing Priority of Staff Housing Policy 7.02 for further information.*

Personal information (to be completed by applicant, please print clearly):

Name:	Position:
Community:	Current Unit:
Telephone #: (W)	(H)
Email:	

Requested move in date:

Do you have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Furnished unit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type and number of pets: <input type="checkbox"/> Dog(s) (____) <input type="checkbox"/> Cat(s) (____) <input type="checkbox"/> Other (____)			

Other occupants (names): Relationship: Age: Sex:

<i>Other occupants (names):</i>	<i>Relationship:</i>	<i>Age:</i>	<i>Sex:</i>

Current housing information:

Do you rent or own accommodations in the community where you'll be working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify: <input type="checkbox"/> QEC <input type="checkbox"/> GN <input type="checkbox"/> Public Housing <input type="checkbox"/> Private Rental <input type="checkbox"/> Owned	

Reason for request:

To be completed by HR as required:

Advertised with housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indeterminate <input type="checkbox"/> Term <input type="text"/> year(s)	
Employment start date:			
Name:		Position:	
Signature:		Date:	

I accept the terms of QEC's Staff Housing Policy and authorize the deduction of rent and tenant damages as outlined by the policy. I will advise the Employer if any of the above information changes.

Employee's signature: _____ Date: _____

