OSSTF/TARA ENRICHMENT FUND APPLICATION



NAME:	EXTENSION:
HOME ADDRESS:	
HOME PHONE:	EMAIL:
EMPLOYEE ID #	POSITION:
DEPARTMENT & ADDRESS (where cheque will be mailed):	
REGULAR FULL-TIME	TEMPORARY FULL-TIME
DO YOU MEET THE LENGTH OF EMPLOYMENT	CRITERIA: YES NO NO
ITEM(S) PURCHASED:	
PURPOSE OF ITEM(S):	
AMOUNT REQUESTED: \$	(MAXIMUM \$500.00)
AMOUNT OF DEPARTMENTAL CONTRIBUTION:	\$
DATE(S) OF PURCHASE(S):	
EMPLOYEE SIGNATURE:	DATE:
The following section to be completed by OSSTF/TARA	
DETAILS OF AWARD DISBURSEMENT	
DATE RECEIVED:	NUMBER:
ORIGINAL RECEIPTS ATTACHED: YES	NO 🗆
APPROVED: YES NO NO	
AMOUNT APPROVED: \$	DATE EMPLOYEE NOTIFIED:
REASONS FOR REJECTION OF APPLICATION/ADDITIONAL COMMENTS:	
ACTUAL AMOUNT OF AWARD DISPERSED: \$	
CHEQUE NO:DATE ISSUED:	ISSUED BY:
PAYABLE TO:	
SIGNATURE OF PRESIDENT, OSSTF/TARA:	
SIGNATURE OF TREASURER, OSSTF/TARA:	