



COTAPSA

The City of Toronto Administrative, Professional, Supervisory Association Inc.

COTAPSA REPRESENTATION AUTHORIZATION

Please fax or mail this form to COTAPSA - see address and fax information below

I, _____ (print), hereby authorize and retain COTAPSA Inc. to advise me and act on my behalf with respect to

_____ (issue) and to attend at all meetings and to generally conduct such matters in all respects, including negotiations and to obtain counsel to commence proceedings in any court or tribunal deemed necessary to enforce or retain any rights on my behalf.

I further authorize COTAPSA Inc. and any of its staff and/or representatives to have full and complete access to my Personnel File and any other documents relating to my employment with the City of Toronto and the former City of Toronto.

Dated at _____, Ontario,
the _____ day of _____, 20____

(signature)

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