



**Maine Department of Labor  
Bureau of Unemployment Compensation  
WorkShare Collective Bargaining Agent Signature**



Date: \_\_\_\_\_

**EMPLOYER INFORMATION**

Employer EAN: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

**AGENT INFORMATION**

**Collective Bargaining Agent Information:**

This section must be completed if employees are represented by a collective bargaining agreement. If more than one Agency, please provide details for all Agents. By signing below, the Collective Bargaining Agent agrees that they have reviewed and agree to the application submitted by the employer.

WorkShare Unit Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Collective Bargaining Group: \_\_\_\_\_

Local: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

WorkShare Unit Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Collective Bargaining Group: \_\_\_\_\_

Local: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

WorkShare Unit Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Collective Bargaining Group: \_\_\_\_\_

Local: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Use additional page if necessary