

## 2025 Proxy Authorization For Layoff & Bumping

I understand I may exercise my option, in seniority order, to select a temporary work opportunity / assignment. If I am not available to attend my Layoff and Bumping Selection Appointment on the assigned date and time, and intend to select a temporary opportunity / assignment, I must complete this Proxy Authorization form.

I give permission to the below listed proxy who has agreed to attend my Layoff and Bumping Selection Appointment and act on my behalf.

### I understand that:

1. My proxy must be a minimum of 21 years of age.
2. I am responsible for my proxy attending my Layoff and Bumping Selection Appointment at the correct date and time.
3. The bumping selection my designated proxy makes on my behalf is final and binding.
4. My proxy will be responsible to bring me the signed contract (i.e. Placement Letter).

### I understand that:

I must complete and submit the 2025 Proxy Authorization and Preference form via email to [workselection@toronto.ca](mailto:workselection@toronto.ca) at least two (2) days before your invite date.

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Designated Proxy Name (Please Print)

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Date Signed

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Designated Proxy Signature

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Designated Proxy Telephone

**By signing below, I give permission to the above named Proxy to act on my behalf to select my temporary work opportunity / assignment.**

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Employee Name (Please Print)

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Employee #

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Employee Signature

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Date Signed

## 2025 Layoff & Bumping Preference Form

I wish to exercise my option to bump into or select a temporary non-seasonal / seasonal work opportunity available based on my seniority and eligibility as indicated on my Personal Work Selection List (PWSL).

Below are my bumping / vacancy selection preferences - **with number 1 being my greatest preference**. I understand Talent Acquisition will coordinate my bumping / vacancy selections **no later than my scheduled Layoff and Bumping Selection Appointment**.

My Layoff & Bumping Preference	Job ID & Classification	My Layoff & Bumping Preference	Job ID & Classification
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

Employee Name (Please Print)

Employee #

Employee Signature

Date Signed