



**CONFIRMATION OF EMPLOYER SUPPORT
OF PCI MONTREAL EXECUTIVE MEMBER**

(to be completed by employer of nominee for Executive of PCI Montreal)

This is to confirm that _____ agrees to support our
employee, _____,
(Employer/Facility) (Name of Nominee)
position of _____ in PCI Montreal, a chapter of
Infection Prevention and Control Canada/Prevention et controle des infections Canada (IPAC Canada/PCI Canada)
for a term _____
(Date of commencement and expiry of term)

We understand that the duties of this position are extremely important to guiding the practice of Infection Prevention and Control in Canada and that significant professional time may be required to fulfill this role. We are also aware that this is a voluntary position and there is no remuneration or honorarium.

It is anticipated that 2-8 work hours per month may be required. We also recognize that a significant number of personal hours will likely be spent during the fulfillment of this position's duties. We also understand that periodic time away from the institution may be required for committee meetings, Executive meetings, and chapter meetings/webinars. It is anticipated that the schedule of these meetings will be provided to the employee on election to the position. We also understand that non-scheduled meetings may occur. These will be discussed by the employee and employer to determine if the employee will be available to attend.

We congratulate PCI Montreal on the nomination of our employee to serve the profession as a member of the Executive. We trust that both the association and the profession will be well served by this choice.

Employer/Facility

Authorized Name/Signature

Date

Return completed form to:

Frédérica Gaspard, President
PCI Montreal
fredericagaspard@sympatico.ca