

REQUEST FOR TIME OFF WORK TO ATTEND TO UNION BUSINESS

This form is to be completed, and submitted to the employee's immediate Non-Union Supervisor for each occasion when a member of CUPE Local 217 is requesting time-off work to attend to Union business.

EMPLOYEE: _____ **EMPLOYEE#** _____

EMPLOYEE#

PURPOSE OF LEAVE: _____

Digitized by srujanika@gmail.com

PERIOD OF LEAVE: **START DATE & TIME:** _____ **DATE** _____ **TIME** _____

END DATE & TIME: _____ **DATE** _____ **TIME** _____

PAYROLL & BENEFIT COSTS FOR THE PERIOD: *to be paid by LPL* *to be paid by Local 217.0*
TIMESHEET CODE TO USE **UNIBUSNON** **UNIBUS**

Employee Signature _____ **Date** _____

Date

Approval of Union Executive Officer

(To be completed by Non-Union Supervisor)

REQUEST APPROVED:

REQUEST DENIED:

REASON: *the reason for the action or behavior*

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Supervisor Signature

Date

Human Resources Authorized **Application#**

DISTRIBUTION: ***All Non-Union Supervisors are responsible to send all approved Time Off Requests