

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# _____

PURPOSE OF LEAVE: _____

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

Approval of Union Executive Officer

(To be completed by Non-Union Supervisor)

REQUEST APPROVED: _____

REQUEST DENIED: _____

REASON: _____

Supervisor Signature

Date

Human Resources Authorized _____

Application# _____

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