

# UNION LEAVE FORM

Form to be used by a member when requesting time off from employer.

Name: Date of Request:

Address: Date of Time off: \_\_\_\_\_\_

 Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Employer or your # to send to once signed)

Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Fax to Local office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name & Unit Number: 1936 - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of your leave:

Executive Board \_\_\_\_\_\_ Duties of Secretary\_\_\_\_\_\_\_\_\_ Special General Meeting

Education Leave Admin. Meeting \_ Duties of Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties of Shop Steward Committee: (name of committee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:

I will not be working on the following schedule shifts: \_\_\_\_\_\_\_

Total days off: Total hours off:

 (Total of Paid hours only – not unpaid lunches)

Signature of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:

 (Signature of Local Officer: President, Vice President, Secretary Treasurer, Grievance Officer)

DATE FAX BACK TO MEMBER OR NUMBER LISTED ABOVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note to Employer: Please forward your bill for compensation with a copy of this letter attached to:

