

Leave Request Form - Union Business
CUPE Local 917 Members

PART 1 – EMPLOYEE

Please complete the information below and forward to your Supervisor/Manager for review prior to any absence for Union business as outlined in Articles 12.01, 12.02 and 24.05 of the collective agreement. Requests will not be unreasonably denied provided the terms of the collective agreement have been met and that the time off does not interfere with the normal functions of the University.

Employee Name: _____

Employee V#: _____

Department: _____

Date(s) Requested: _____

Time(s) Requested: _____

Reason for Request: _____

Leave With Pay - UNW

Leave Without Pay - UNI

PART 2: MANAGER/SUPERVISOR

1. Please submit all authorized leave request forms to Human Resources.
2. Please ensure that a copy of all authorized leave request forms is sent to CUPE Local 917 Recording Secretary at secretary@cupe917.ca.

Authorizing Signature: _____

Date Signed: _____