

**Leave Request Form - Union Business
CUPE Local 917 Members**

As outlined in the Collective Agreement, articles 12.01, 12.02 and 24.05, requests for leave for Union business are to be submitted to the Supervisor/Manager prior to the leave being taken. 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. Therefore, if it is your judgment that the leave would cause significant interference in the work of your Department, please contact your [Human Resources Consultant](#) within three days. If we do not hear from you, we will assume the leave is approved.

Completed by Employee:

Date of Request: _____

Employee Name: _____

Employee V#: _____

Department: _____

Date(s) of leave requested: _____

Reason for Leave: _____

Total hours of leave(s) requested: _____

Leave With Pay - UNW

Leave Without Pay – UNI*

COMPLETED BY DEPARTMENT:

Hourly Rate: \$ _____

Credit FAST A/C#: _____

Signature of Supervisor or their Designate to acknowledge this leave notification:

x _____

Signature of Employee:

x _____

After Leave Taken:

Employee - reports on Web Leave and signs above as acknowledgement

Supervisor/Manager - completes the balance of this form, signs form, and returns form to treasurer@cupe917.ca

*CUPE 917 - completes the journal entry to reimburse the department for leaves without pay.