

UNION LEAVE REQUEST FORM

This form will request leave for _____ to be off on:
(employee name)

Date: _____

Time and duration of meeting (hrs): _____

Location of meeting: _____

Note: As per Policy #8.05, 48 hours notice is required.

- To attend:
- Grievance Meeting**
 - Grievance-Related Meeting Re: Scheduled Mediations, Arbitration Hearing**
 - Labour\Management Meeting**
 - Occupational Health & Safety**
 - Other Committees, Please Specify:**

 - Conference, Please Specify:**

 - Required Under Article of Collective Agreement # _____**

To be paid by the employer

To be paid by the employer and billed to the Union

Date Sent: _____

President (or Designate), CUPE Local 1431, 227/108

Date

Supervisor

Date