



CUPE 227 UNION LEAVE REQUEST FORM

This form will request leave for _____ to be off on:

Date: _____ Time and Duration (hrs): _____

Location of Meeting: _____

Note: As per Policy #9.03, 48 hours notice is required.

To attend:

- Grievance Meeting
- Occupational Health and Safety
- Grievance- Related Meeting Re: Scheduled Mediations or Arbitration Hearing
- Other Committees, please specify _____
- Bargaining and Bargaining-Related Meeting
- Conference, please specify _____
- Labour/Management Meeting
- Other Meeting, please specify _____

To be paid:

- By the employer (VIP code 2637)
- By the employer and deducted from union days (max. 20 per Article #24.02) (VIP code 2638)
- By the employer and billed to CUPE 227 (VIP code 2512)
- By the employer and billed to CUPE Nova Scotia (VIP code 2512)
- By the employer and billed to other, please specify: _____
WO# 200002590 _____

Date Sent: _____

President (or Designate), CUPE Local 227

Date: _____

Supervisor

Date: _____

Note for Supervisor: _____