REQUEST FOR TIME OFF WORK
TO ATTEND TO UNION BUSINESS

This form is to be completed, and submitted to the employee's immediate Non-Union Supervisor for each occasion when a member of CUPE Local #122-1 or 122-2 is requesting time-off work to attend to Union business.

EMPLOYEE: _____ **EMPLOYEE#** _____

PURPOSE OF LEAVE: _____

_____

PERIOD OF LEAVE: **START DATE & TIME:** _____ _____
DATE TIME

END DATE & TIME: _____ _____
DATE TIME

PAYROLL & BENEFIT COSTS FOR THE PERIOD: ***to be paid by City*** ☐ ***to be paid by Local 122*** ☐

_____ _____
Employee Signature ***Date***

_____
Approval of Union Executive Officer

(To be completed by Supervisor)

REQUEST APPROVED: ☐ **REQUEST DENIED:** ☐

REASON: _____

_____

_____ _____
Supervisor Signature ***Date***

Human Resources Authorized _____ **Application#**_____

DISTRIBUTION: *Human Resources Dept.
*cupe122str@gmail.com
*File