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.

START DATE & TIME	E: DATE	ТІМЕ	
END DATE & TIME:	DATE	ТІМЕ	
IOD: to be	paid by City	to be paid by Local 122	
		Date	
ecutive Officer			
(To be complet	ed by Supervisor)		
REQUEST APPROVED:		REQUEST DENIED:	
		Date	
thorized		Application#	
	START DATE & TIME END DATE & TIME: NOD: to be ecutive Officer (To be complet D:	END DATE & TIME: DATE NOD: IOD: IOD: ADE ADE ADE	