



UNION TIME OFF FORM

CUPE Local 2262

As per Article 5 of the Collective Agreement

To (Manager or Supervisor) SUBMITTED (Date and Time):

Requesting Employee: Position:

TYPE OF REQUESTED LEAVE	Details: who/what/where?
<input type="checkbox"/> Grievance Investigation	
<input type="checkbox"/> Meeting With Management	
<input type="checkbox"/> Union Business	
<input type="checkbox"/> Bargaining Committee	
<input type="checkbox"/> Other:	

Date(s):	Start & End Time(s):	Hour amount

TO BE INVOICED TO	<input type="checkbox"/>	UNION	<input type="checkbox"/>	EMPLOYER
Decision Regarding Request	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED

Explanation (if denied):

Authorization:	Signature:
Requesting Employee	
Date:	
RDCK Management:	
Date:	
Direct Supervisor:	
Date:	
Union Representative:	
Date:	

TIME STATEMENT - to be completed by requesting union member

TOTAL UNION HOURS	RATE OF PAY	25% BENEFIT COST	TOTAL INVOICE AMOUNT

TO BE INVOICED TO:	CUPE LOCAL 2262 - CDRD & Landfill Attendants	CUPE National
	CUPE LOCAL 2262 - NDCC	CUPE LOCAL 2262 - CDCC