



LOCAL TIME-OFF FUND APPLICATION FOR REIMBURSEMENT

Complete and return to your OPSEU Regional Office, Attn: Staff Representative

LOCAL: _____

REGIONAL OFFICE: _____

DATE: _____

STAFF REPRESENTATIVE: _____

The Convention 2001 approved a budget which allows OPSEU Locals access to additional funds for booking member time-off. Funding is available to assist the Local Executive Committee and/or their members in the performance of their duties.

The funding level is determined by the following calculation: **“\$12.50 per member in good standing per year. OPSEU Head Office will contribute \$10 per member per year and the Local Union will contribute \$2.50 per member per year.”**

The number of members in good standing in a Local will be based on OPSEU membership records for the month of December of the previous year.

Local must complete information requested in both boxes.

I affirm that this application for time-off has the approval of the Local Executive Committee.

Name of Member(s): _____

Purpose of Time-off: _____

Dates/Duration of Time-off: _____

_____	_____	_____	_____
Print Name of LEC Member	Signature of LEC Member	Date	Tel:

_____	_____	_____	_____
Print Name of LEC Member	Signature of LEC Member	Date	Tel:

Note: A Local Executive Committee Member cannot sign for his/her own application for reimbursement.

Locals must ensure that their Local Trustee Audit Reports (TAR) are up-to-date.

Last Local TAR Submitted: _____ / _____ Members in Good Standing: _____

Maximum Local Entitlement: \$ _____ Maximum Reimbursement (80%): \$ _____

	<u>Salary</u>	<u>Benefits</u>	<u>Total</u>
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Estimated Time-off Costs (for this application): _____

Time-off to be paid by: _____ Membership Expense Claim (*proof of lost wages required*)
 _____ Employer's invoice _____
(Employer's Name)

Estimated Remaining Entitlement: \$ _____

Note: OPSEU will pay the member or employer for 100% of the total wage bill. The OPSEU Local Time-Off Fund covers 80% of the cost, and the remaining 20% will be deducted from the Local's next quarterly rebate(s). Any payment made by OPSEU in excess of the maximum entitlement will result in a 100% cost recovery from the Local.

FOR REGIONAL OFFICE USE ONLY:

Date received at Regional Office: _____

Date forwarded to Accounting: _____ Signature of Staff Representative: _____