

For 2008 LBED Health and Safety Project use only



## Union Leave Form

**TO: Eunice Graham**  
**DATE: August 22, 2008**

**FROM:**

**Budget Code:** \_\_\_\_\_

The Union requests paid Union Leave for the following member(s) on the listed date(s) for the listed purpose(s):

<b>NAME</b> <i>(member name &amp; store #)</i>	<b>LOCAL</b>	<b>DATE(S)</b> Including TIMES	<b>PURPOSE OF LEAVE</b>

The Union requests that the employer continues to pay the above member(s) for any scheduled hours on the requested date(s) with the resulting costs being:

- Charged against the 800-Day Paid Union Leave Bank under clause 1.5 (a) of the Collective Agreement.
- Invoiced back to the Union under clause 1.5 (b) of the Collective Agreement.
- Employer paid
- 80-20 (form attached)
- Unpaid

NOTE 1: This Leave Request has been approved by: \_\_\_\_\_  
NOTE 2: Please reference the name of the member(s), the date(s), purpose of the meeting(s) and budget code if available on the invoice.

**PLEASE RETURN THIS FORM TO – Attention: Eunice Graham – Fax: 416-443-8618**