



Unifor Local 601

PAID UNION LEAVE - TIME OFF REQUEST FORM

Name: _____ Date: _____

START DATE _____	END DATE _____	TOTAL HOURS REQUESTED _____	<ul style="list-style-type: none"> • Meeting with Lawyer • Education - What type _____ • Negotiations • Arbitration & Mediation • Union Meeting
Details of leave - _____ _____ _____			

Employee Signature _____ Date: _____

Must be completed by Payroll Dept / Supervisor in order for Union to reimburse time off:

Approved	Denied - Reason _____
<p>I understand if approved; as payroll dept / supervisor of the above noted employee, that he / she has taken ___ hours off as <u>union paid time off</u> and this employee <u>will not receive pay for this time period.</u></p>	

Payroll Dept/Supervisor Signature: _____ Print Name: _____

Company : _____ Date: _____