**CUPE 5047 UNION BUSINESS LEAVE REQUEST FORM**

**This form must be completed by CUPE Employees who require leave to conduct union business, excluding days provided in Articles 2.05(a), (c) and 16.01, and must be submitted at least twenty (20) days in advance of the requested leave.  Approval of this leave is contingent upon operational requirements.**

**Date Request Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee Number (400 or 401#):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HRCE Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position**: Choose an item. **Position Percentage**: Choose an item. **Please Specify**: \_\_\_\_\_\_\_\_\_\_\_

**School/Site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s Principal/Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To attend:** Choose an item. **Please Specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of Meeting**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be paid by:** Choose an item.

**Date(s) for leave requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total # of hours requested**: \_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please submit to Local 5047 President at** **president5047@gmail.com**

**For Executive use only**

Approved and sent to Labour Relations Consultant for final approval

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_