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| **Union Leave Payment Request – CUPE LOCAL #1015****Lloydminster Public Library****(for use under Article 18.02 only)** |  |

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| **Employee Information** |
| **Employee Name:** |  |
| **Pay Period Ending:** |  |

|  |
| --- |
| **Employee Section** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Reason** | **Location** | **Time** | **# Of Hours** |
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|  |  |  |  |  |
|  | **Total Hours** |  |

|  |  |
| --- | --- |
| **Employee Signature**I certify that this is a true and complete statementSignature Date | **Union Executive Approval:**SignatureDate |

**Union Leave Type**

**CUPE Local #1015 will be billed for total hours.**

**This form is not valid unless Union Executive approval signature is different from the Employee.**

**Submit the original to your supervisor.**