

## **REQUEST FOR UNION LEAVE** \*UNION PAID\*

Requests for Union Paid Leave shall be granted to employees subject to an acceptable operational impact. Among the various factors affecting operational impact are cost, service levels and increased workload for remaining staff. The Union must authorize any request prior to consideration. The Union reimburses the City for all Union paid leaves.

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	Union: CUPE	Local: 15		Phone #: 604-879-4671								
Step	Name: Debbie Mohabir/Warren Williams											
1	Position Title: Secretary-Treasurer/President											
	Signature:		Approved: Yes No No									
Employ	ee Information											
	Name:											
Step	Employee #:		Phone #:									
2	Dept.:		Branch/Uni	Branch/Unit:								
	Signature:			Date:								
_eave [	Detail											
G.	Start Date:		Time:		Pay Code:							
Step 3	Finish Date:		Time:		Total hours:							
3	Reason: Union Business				1							
Supervi	isor/Manager Approva	l										
	Name:			Phone #:								
	Position Title:											
Step	Union Authorization:			Yes No No								
4	Minimum 24 hour notice:		Yes No No									
	Acceptable Operational II		Ye	es No No								
	Leave Approved: Yes	No 🗌	Signature:									
Final Su	upervisory/Managerial	Processing										
<u> </u>	Copy to Employee:											
Step 5	Copy to Union:											
)	Copy to Human Resource Services (union.leave@vancouver.ca):											
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City of Vancouver, Human Resource Services Labour Relations 453 West 12th Avenue Vancouver, British Columbia V5Y 1V4 Canada

tel: 3-1-1, Outside Vancouver 604.873.7000 fax: 604.873.7696

website: vancouver.ca



