



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.

Union Authorization

| | | | |
|-------------------|---|-----------|--|
| Step 1 | Union: CUPE | Local: 15 | Phone #: 604-879-4671 |
| | Name: Debbie Mohabir/Warren Williams | | |
| | Position Title: Secretary-Treasurer/President | | |
| | Signature: | | Approved: Yes <input type="checkbox"/> |

Employee Information

| | | | |
|-------------------|-------------|--------------|-------|
| Step 2 | Name: | | |
| | Employee #: | Phone #: | |
| | Dept.: | Branch/Unit: | |
| | Signature: | | Date: |

Leave Detail

| | | | |
|-------------------|------------------------|-------|--------------|
| Step 3 | Start Date: | Time: | Pay Code: |
| | Finish Date: | Time: | Total hours: |
| | Reason: Union Business | | |

Supervisor/Manager Approval

| | | | |
|--|--|------------------------------|-----------------------------|
| Step 4 | Name: | Phone #: | |
| | Position Title: | | |
| | Union Authorization: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Minimum 24 hour notice: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Acceptable Operational Impact (includes cost): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Leave Approved: Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Signature: | | | |

Final Supervisory/Managerial Processing

| | | |
|-------------------|---|--------------------------|
| Step 5 | Copy to Employee: | <input type="checkbox"/> |
| | Copy to Union: | <input type="checkbox"/> |
| | Copy to Human Resource Services (union.leave@vancouver.ca): | <input type="checkbox"/> |

