

## **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	.870_467	71					
C4				Phone #: 604-879-4671							
Step											
'	Position Title: Interim Secretary-Treasurer/President										
	Signature:		Approved: Yes No No								
Employ	ee Information										
	Name:										
Step	Employee #:		Phone #:								
2	Dept.: Branch/Unit:										
	Signature:			Date:							
_eave [	Petail										
	Start Date:		Time:		Pay Code:						
Step	Finish Date:		Time:		Total hours:						
3	Reason: Union Business										
Suporvi	sor/Manager Appr	oval									
upei vi				<b>D</b> "							
	Name:			Phone #:							
Chan	Position Title:										
Step 4	Union Authorization:	•		Yes ☐ No ☐ Yes ☐ No ☐							
7	Minimum 24 hour not Acceptable Operation		Ye Ye	_	No □ No □						
	Leave Approved: Y			. <del></del>							
Final Su	upervisory/Manage	rial Processing									
	Copy to Employee:										
Step	Copy to Union:										
5	Copy to Human Res	ource Services (un	ion leave@va	ncouver.ca):		П					

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



