



**Please Print**

## REQUEST FOR BOOK OFF

- Union Paid Leave (WO/P)
- Employer Paid Leave (W/P)

Today's Date: \_\_\_\_\_

*Please complete sections 1 and 2 of this form in full*

<b>SECTION 1</b>	
Name: _____	Regular Scheduled Start Time of Shift: _____
Worksite: _____	Regular Scheduled End Time of Shift: _____
Contract: _____	Total Regular Scheduled Paid Hours of Work: _____
Department: _____	If applicable: 4-day week <input type="checkbox"/> Nine-Day Fortnight <input type="checkbox"/> Flex <input type="checkbox"/>
Work Phone #: _____	Home/Cell Phone #: _____
Personal Email: _____	
A copy will be sent to your supervisor.	
Your supervisor's name <b>and</b> email address: _____	
Who else do we need to send copies to? (Please provide name and email for each person.)	
<b>SECTION 2</b> What is the book off required for? _____	
<b>Date(s) Book Off Required:</b>	<b>From/To (time of day):</b>
_____	_____
_____	_____
<b>SECTION 3 - FOR OFFICE USE ONLY</b> (To be completed by the Secretary-Treasurer or Designate)	
<b>Reason for book off:</b>	
<input type="checkbox"/> Negotiations	Executive Related
<input type="checkbox"/> Shop Steward	<input type="checkbox"/> Committee
_____	_____
_____	_____
Other	
Authorized by: _____ or Executive Motion Date _____	

BCUWU MY  
Revised March 27, 2023