



**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*

### SECTION 1

Name: \_\_\_\_\_ Normal Hours of Work: \_\_\_\_\_  
Worksite: \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_ OR Paygrade & Step \_\_\_\_\_  
Contract: \_\_\_\_\_ Compressed Work Week: Yes  No   
Department: \_\_\_\_\_ If yes, 4 day week  Nine Day Fortnight  Flex   
Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Fax Number: \_\_\_\_\_

A copy will be sent to your supervisor.

Your supervisor's name **and** fax number: \_\_\_\_\_

Who else do we need to send copies to? (Please provide name and fax for each.)

**SECTION 2** What is the book off required for? \_\_\_\_\_

<b>Date(s) Book Off Required:</b>	<b>From/To (time of day):</b>
_____	_____
_____	_____

### SECTION 3 - FOR OFFICE USE ONLY (To be completed by the Secretary-Treasurer or Designate)

#### Reason for book off:

Negotiations       Executive Related       Shop Steward       Committee

\_\_\_\_\_

\_\_\_\_\_

Other

Authorized by: \_\_\_\_\_ or Executive Motion Date \_\_\_\_\_

UNIFOR L467-UW  
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