



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: _____ Personal Email: _____

A copy will be sent to your supervisor.

Your supervisor's name **and** email address: _____

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

SECTION 2 What is the book off required for? _____

Date(s) Book Off Required:

From/To (time of day):

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 _____