



## LEAVE OF ABSENCE ON UNION BUSINESS

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

HOURLY RATE OF PAY: *(required)* \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

	DATE OF LEAVE	# HOURS ABSENT	REASON FOR LEAVE	<i>Office Use Only</i> Acct No.
1	_____	_____	_____	
2	_____	_____	_____	
3	_____	_____	_____	
4	_____	_____	_____	
5	_____	_____	_____	
6	_____	_____	_____	
7	_____	_____	_____	
8	_____	_____	_____	
9	_____	_____	_____	
10	_____	_____	_____	

\_\_\_\_\_  
Secretary-Treasurer Approval

\_\_\_\_\_  
Date

Journal Entry Number:

Date Posted:

*Please forward the completed form to Accounts Payable at 301 - 4501 Kingsway, Burnaby, B.C. V5H 0E5 or fax to (604) 299-8211.*