



LEAVE OF ABSENCE ON UNION BUSINESS

NAME: _____

DATE: _____

HOURLY RATE OF PAY: _____

SIGNATURE: _____

EMPLOYER: _____

				<i>Office Use Only</i> Acct No.
DATE OF LEAVE	# HOURS ABSENT	REASON FOR LEAVE		
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 ap@moveuptogether.ca or fax to (604) 299-8211.