



# USW LEAVE APPLICATION

## **PART 1** EMPLOYEE DATA Department: TRANSPORTATION CUSTODIAL OPERATIONS

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Site/School: \_\_\_\_\_

Position: \_\_\_\_\_ Assigned Route #: \_\_\_\_\_ Assigned Posted Hours: \_\_\_\_\_

Permission is requested to be absent from my regular duties for the following:

Dates: \_\_\_\_\_ Inclusive \_\_\_\_\_ Working day(s) or \_\_\_\_\_ Hour(s)

Indicate Time Affected: \_\_\_\_\_ to \_\_\_\_\_ (am/pm)

**FOR THE PURPOSE OF** (please check one):

- VACATION:** Article VIII
  - VIII (p) (5 days allowed)
  - VIII (p) (10 days allowed)
- ILLNESS:** Article IX, Section 4(b)
  - Medical Appointment
  - Family Illness 4(c) \_\_\_\_\_
- Personal Leave:** Article IX Section 8 (5 days maximum per year)

- JURY:** Article IX, Section 3 (Attach copy of subpoena)
- BEREAVEMENT:** Article IX, Section 2, Relationship to deceased: \_\_\_\_\_  
Relationship \_\_\_\_\_
- USW:** Article IX, Section 1
  - Labour Mgmt. (Employer Paid)
  - USW Business (Union Paid)
  - Committee Name: \_\_\_\_\_

**GENERAL LEAVE:** Article IX, Section 5(e)

\*Documentation/Explanation Required

**GENERAL LEAVE – CASUALS only** (10 days/school year)

\*Documentation/Explanation Required

**OVERTIME:** Article XII, Section 4(b)

\*Reason: \_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ (DD/MM/YY)

## **PART 2** SUPERVISOR WITH PAY WITHOUT PAY BANKED O/T

Supervisor signature indicates knowledge of this request and that this leave would not cause an unreasonable disruption to department operations.

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_ (DD/MM/YY)

Original to USW Payroll ~  Copy to Employee ~  SDS ~  Yearly Time Card

## **PART 3** PAYROLL WITH PAY WITHOUT PAY

USW Payroll initials indicate that the employee has the requested leave time available in their accrual bank(s) \_\_\_\_\_

Original to USW HR ~  Copy with Payroll

## **PART 4** HUMAN RESOURCES APPROVAL: Yes No

The employee has not exhausted the leave entitlements in accordance with the USW Collective Agreement.

Comments: \_\_\_\_\_

Signature V.A. Lysne \_\_\_\_\_ HR Officer \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

IF DENIED Copy to Department/Employee ~  Original to Personnel File