

CUPE LEAVE APPLICATION

PART 1 PERSONAL DATA

Name: _____ Position: _____

School/Dept. _____ Normal Hours Worked Per Day: _____

Permission is requested to be absent from my regular duties for the following date(s): _____
_____ Inclusive _____ Working day(s) or _____ hour(s)

FOR THE PURPOSE OF: (please refer to your contract)

VACATION: Article 22

- 22 (b) (iii)
- 22 (b) (iv)

CUPE: Article 24 (a)

- Labour/Management
- CUPE Business
- Committees

JURY: Article 24 (b)

- Jury Selection – Subpoena Attached
- Juror/Witness – Subpoena Attached

BEREAVEMENT: Article 24 (c)

- For Whom _____

WORKSHOP/OTHER:

- Name & Place _____

SPECIAL LEAVE: Article 24 (d) * Documentation/Explanation required.

*Please note that requests for leaves marked by this symbol and which are longer than 3 days in duration must be received by the Human Resources Department at least 3 weeks prior to the start date of the leave, **such request to be in writing.**

Reason: * _____

IMPORTANT: I ACKNOWLEDGE I AM RESPONSIBLE FOR CONTACTING CUPE DISPATCH TO REPORT THIS ABSENCE USING THE SAME REASON NOTED ABOVE.

Signature Date: _____
(DD/MM/YY)

PART 2 PRINCIPAL / SUPERVISOR

Your signature below indicates only that you have knowledge of this request. Where a Special Leave is requested your signature also indicates that such leave would not cause an unreasonable disruption to school programs.

Signature _____ Date: _____
(DD/MM/YY)
Position

PART 3 CUPE PAYROLL - APPROVAL

Leave Verification WITH PAY WITHOUT PAY

Comment: _____

Signature _____ Date: _____
(DD/MM/YY)
CUPE Payroll
Position

PART 4 HR – APPROVAL APPROVED NOT APPROVED

Comment: _____

Signature _____ Date: _____
(DD/MM/YY)
HR Officer
Position