



COWICHAN VALLEY

School District

CUPE Missed Call Form

To be completed by employee:

Name: _____

Seniority Number: _____

NHS

EA

SSW

VLI

Clerical

INED

Other: _____

Date of missed call: _____

Position: _____

Please provide full explanation supporting your belief you were missed by dispatch:

Signature

Date

To be completed by the CUPE Call-Out Clerk:

Reason this employee was not dispatched:

Signature

Date

Human Resources Manager

Employee should be compensated for the missed call: Yes No

Additional comments:

Signature

Date

cc: Vanessa Lysne, HR Manager
Payroll
CUPE
Personnel File

(Original to employee)