



## 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) \_\_\_\_\_

Relationship \_\_\_\_\_

☐ **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