

USW LEAVE APPLICATION

| PART 1 | EMPLOYEE DATA | Department: | TRANSPORTATION | CUSTODIAL | OPERATIONS | |
|---|---|--------------------|--|------------------------|--|--|
| Name: _ | E | | Employee #: | ployee #: Site/Sch | | |
| Position: | Assi | | signed Route #: | Assigned Posted Hours: | | |
| Permission | is requested to be absent fro | m my regular dut | ies for the following: | | | |
| Dates: | | | Inclusive | | Working day(s) or Hour(s | |
| FOR THE | PURPOSE OF (please ch | eck one) : | Inc | licate Time Affected | : to(am/pm | |
| □ VIII | □ 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) GENERAL LEAVE: Article IX, | | | . Relationship BEREAVEMENT: Article IX, Section 2, Relationship to deceased: | | □ USW: Article IX, Section 1 □ Labour Mgmt. (Employer Paid) □ USW Business (Union Paid) □ Committee Name: | |
| | | IX Section 5(e) | Relationship | | | |
| *Docu | ERAL LEAVE – CAS | red | | | | |
| Employee S | Signature | | | _ | (DD/MM/YY) | |
| PART 2 Supervisor operations. Comments | signature indicates knowled | ge of this request | WITH PA and that this leave would not | | PAY BANKED O/T le disruption to department | |
| Signature | | | Position | | (DD/MM/YY) | |
| | 🗆 Origina | l to USW Payroll ~ | \Box Copy to Employee ~ \Box SDS ~ \Box | Yearly Time Card | | |
| PART 3 | PAYROLL | | | D WITH P. | AY DWITHOUT PAY | |
| USW Payro | ll initials indicate that the e | | equested leave time available o USW HR ~ □ Copy with Payro | | (s) | |
| PART 4 The employ Comments | | | accordance with the USW Co | | PROVAL: ☐ Yes ☐ No | |
| | Nicole Brown) | | <u>HR Manager</u> Position partment/Employee ~ □ Original | - to Personnel File | Date | |

USW Leave Application Revised: Dec 7, 2021