



**COWICHAN VALLEY**  
School District

**CUPE Missed Call Form**

**To be completed by employee:**

Name: \_\_\_\_\_

Seniority Number: \_\_\_\_\_

NHS

EA

SSW

VLI

Clerical

ASW/CTA

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 Officer**

Employee should be compensated for the missed call:

Yes

No

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc: Nicole Brown, HR Manager  
Payroll  
CUPE  
Personnel File

(Original to employee)