CUPE HEALTH CARE COUNCIL

Box 1011
BATTLEFORD, SK.
S0M 0E0

PHONE: 937-7223
FAX: 937-7564

REQUEST FOR LEAVE
FOR CUPE UNION BUSINESS

In accordance with the Leave of Absence provisions in the appropriate Collective Agreements, the Union requests Leave of Absence for Union Business for:

_____	_____	_____
Name	**Classification**	**Department**

For the period of _____ to _____.

_____ Number of Shifts

_____ Number of Hours _____ Time

Invoice CUPE Health Care Council

Barry McGonigle
Name of Contact Person
Box 1011
Battleford, SK. S0M 0E0
Address

_____
Signature

Distribution: Original to Employer
Copy to Barry McGonigle

File:healthcare/leaveform
hw:opeiu491