

## APPLICATION FOR LEAVE OF ABSENCE FOR UNION BUSINESS (Faculty Only)

### TO BE COMPLETED BY EMPLOYEE

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_  
Surname First

DEPARTMENT: \_\_\_\_\_ Office Telephone No: \_\_\_\_\_

#### PERIOD FOR WHICH LEAVE IS REQUESTED:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Total Duty \_\_\_\_\_  
Time / Day / Month / Year Time / Day / Month / Year Hours/Days

#### REASON FOR REQUESTING LEAVE - Please check one)

##### SECTION A (Salary charged to the College)

- 1. Grievance Meeting with Administration
- 2. Meeting with Administration regarding administering of Collective Agreement
- 3. To attend a College Committee as an Union Rep
- 4. Bargaining meeting with College in attendance
- 5. Management-Employee Relations Meeting
- 6. Other \_\_\_\_\_

##### SECTION B (Salary charged to the Union)

- 1. To attend Association affairs

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FORWARD TO YOUR DEPARTMENT HEAD FOR COMPLETION OF PAGE 2.**

**TO BE COMPLETED BY DEPARTMENT HEAD**

- Please complete the appropriate Section (Section A or Section B).

**SECTION A – Salary charged to the COLLEGE**

Name of replacement: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**DEBIT**

20 - 1110 - 6300

**SECTION B - Replacement cost charged to the UNION**

Name of replacement: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Please check appropriate replacement's pay:

- 1. Auxiliary – use account 20-9601-6070 when completing Timesheet
- 2. Term – use account 20-9601-6020 when completing Appointment Request Form
- 3. Regular - union will be charged replacement's salary.

**DEBIT**

20 - 9601-6010

4. If no replacement instructor is used, please provide reason: \_\_\_\_\_

\_\_\_\_\_

Union will be charged the mid-point of the salary schedule (step 5).

**DEBIT**

20 - 9601-6010

Department Head's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Dean/Director  
or Vice President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution: Original to Human Resources (HR to provide copy to Financial Services and VCCFA (if applicable).

The information on this form is collected under the authority of the collective agreement between the College and its bargaining units. The information provided will be used to process your leave. If you have any further questions regarding this form, please call Human Resources.