**Union Leave Request Form**

CUPE Local 960  CUPE Ontario

**Name of Employee:** **Date:**

**Leave Date(s):**

**Reason for Leave:**

**Documentation & Course Information:**  Attached

**Total Number of Days:**  **Number of Days to Reimburse:**

**Union Section**

Request Approved

**Signature:**  **Date:**

**Management Section**

 Request Approved  Request Not Approved

**Signature:**  **Date:**

**Human Resources**

**Signature:**  **Date:**

Recorded  Copy to Payroll