

OSSTF UNION LEAVE REQUEST AND AUTHORIZATION FORM

Please submit your request for union leave to your supervisor. The request must be submitted to the University at least one (1) week in advance of the planned leave, as per Article 17.05 of the Collective Agreement between OSSTF District 35 and Brock University. Once complete, this form must be: 1) authorized by your supervisor, and 2) sent to the Office of Human Resources and Environment Health and Safety.

Request for union leave:

Employee Name

Department

Purpose of the union leave request

Date(s) of union leave

Total hours

Employee's Signature

Date

OSSTF, District 35 President's Signature

Date

Approval to take union leave (*supervisor's approval of the leave must be obtained **in advance***):
I authorize this request for union leave.

Supervisor's Name

Supervisor's Signature

Date

Replacement of member on leave:

Will the member be replaced during the leave?

Yes No

If applicable, please fill out and submit a Temporary Departmental/Office Assistance Request form to the Office of Human Resources and Environment Health and Safety.

For Payroll purposes only:

1) Was the member replaced during the leave?

Yes No

2) Does the leave require OSSTF to reimburse the University?

Yes No

Replacement cost to be charged to OSSTF:

_____ Total Hours of Replacement	\$ _____ Rate of Pay	\$ _____ Any Applicable Benefit Costs	\$ _____ Total Replacement Cost
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Union notified of charges on:

Date

Confirmed by:

Payment received on:

Date

