



UNIFOR UNION LEAVE CANCELLATION

GUIDELINES PER Article 24.02.1:

- A. Leave of Absence without pay, but with maintenance of seniority rights may be granted to any designated employee for the conducting of union business for a period not in excess of two (2) weeks at any one time, with **FIVE (5) WORKING DAYS NOTICE** in writing being required to the individual's immediate supervisor. Each Leave of Absence will be subject to service requirements as determined by the Supervisor and will not be unreasonably withheld.
- B. Where such Leave of Absence has been granted, the Company shall deduct from the Union's dues payment one hundred percent (100%) of wages paid to such employees during the approved absence. The Company shall include, with the normal dues cheque, a list of employees on behalf of whom wages have been deducted.

TODAY'S DATE _____ BellIMTS CO. _____

NAME _____ BellIMTS ID # _____

i) Date of Leave _____ Hours of Work _____ ESS Time Entered _____

ii) Date of Leave _____ Hours of Work _____ ESS Time Entered _____

iii) Date of Leave _____ Hours of Work _____ ESS Time Entered _____

iv) Date of Leave _____ Hours of Work _____ ESS Time Entered _____

v) Date of Leave _____ Hours of Work _____ ESS Time Entered _____

(ie: June 30, 2011)

(ie: 7.25 hrs)

(ie: 7.25 hrs)

 ESS = 15 min = .25 of 1 hour IE = ½ day = 3.69 hrs. (based on 7.38hr day)
 30 min = .50 of 1 hour
 45 min = .75 of 1 hour

NOTE:

1. Manager to sign off and return to employee.
2. Employee to forward copies to President@uniforlocal7.ca & Treasurer Fax 2049564568.
3. Cancellation of Union Leave new form filled out and signed by manager and forwarded to President@uniforlocal7.ca & Treasurer Fax 2049564568.
4. **FAILURE TO PROVIDE THIS DOCUMENT TO THE LOCAL 7 TREASURER WILL LIKELY RESULT IN A LOSS OF WAGES.**

Manager's Signature _____ Date of Approval _____