18410 – 100 Avenue Edmonton, Alberta T5S 0K6 Toll Free: 1-844-280-4722 Fax: (780) 488-0534 info@hsaa.ca



6160 - 333 - 96 Avenue NE Calgary, Alberta T3K 0S3 Toll Free: 1-844-280-4722

info@hsaa.ca

Request for Time Off for Union Business

Scheduled to Work

Please complete a Members' Expense Form!

Name:	Employer:			
Work Site:				
Name of Event:				_
Location of Even	ıt:		·	
	Shift:			r.
	Evening Shift Differential:	Rat	e of Pay: /h	r.
	Night Shift Differential:	Rate	e of Pay: /hr	
	Weekend Premium:	Rate	of Pay: /hr	•
Si	ignature of Employee		Date	
	Signature and title of authorizing	ng union representative		
Time off:	☐ Approved	☐ Denied		
	☐ Employer directly billing HSAA	☐ HSAA paying member		
	***MANAGER'S SIGNATU	JRE REQUIRED	***	
Manager's Signature:		Date:		
	TO BE COMPLETED B	Y <u>EMPLOYER</u> :		
Bill HSAA	hours @ \$	/hr. plus	% (administrative cos	sts)
for a total of \$	for		(employee nam	ıe),
who was on union business from		to	(dat	es)
Confirmed:				
	Manager or Designate		Date	

Submit one signed copy to your Payroll or HR Department. Submit one copy to HSAA Finance - finance@hsaa.ca or fax (780) 488-0534.

TO Union Business Req 03142023