

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 Event: _____

Date: _____ Shift: _____ Rate of Pay: _____ /hr.

Evening Shift Differential: _____ Rate of Pay: _____ /hr.

Night Shift Differential: _____ Rate of Pay: _____ /hr.

Weekend Premium: _____ Rate of Pay: _____ /hr.

Signature of Employee

Date



Signature and title of authorizing union representative

Time off:

Approved

Denied

Employer directly billing HSAA

HSAA paying member

*****MANAGER'S SIGNATURE REQUIRED*****

Manager's Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER:

Bill HSAA _____ hours @ \$ _____ /hr. plus _____ % (administrative costs)

for a total of \$ _____ for _____ (employee name),

who was on union business from _____ to _____ (dates)

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.**