



Local 2769
Box 105
Gold River, BC V0P 1G0
E: president2769@viw.sd84.bc.ca

UNION LEAVE REQUEST

Name:

Phone:

Home Address:

Email:

Date Submitted:

Leave Dates:

To: School District #84

I, request the following date(s)
 off to attend Union Business
as per Articles 23.01 through 23.05.

Please check below:

☐

Honourarium (Local reimburses as per By-Laws)

☐

District Paid

☐

Local Paid (Local reimburses SB as per above Articles)

Sincerely,

CUPE Local 2769

Approved by:

President, CUPE Local 2769