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*Healthy Members, Healthy Union, Healthy Communities*

## Memorandum

**TO:** SUN Locals  
SUN District Councils  
SUN Board of Directors  
SUN Committees

**FROM:** Denise Dick, Board of Directors, First Vice-President

**DATE:** April 8, 2014

**SUBJECT: REQUEST FOR LEAVE FOR SUN BUSINESS**

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Please find attached a form the SUN Board of Directors has approved for use to request leave for SUN business. We recognize that this form is not used consistently throughout the province, however, where it is required by the Employer we invite you to use this form. Please feel free to make copies as required. This form is also available on the website.

The form allows for selection to bill either the Local, SUN Provincial or SUN District Council, and includes space to provide the name of the union representative where the Employer can send the invoice for payment.

The form also includes space to request leaves for shifts on more than one date and allows the nurse to clearly identify the exact hours for the leave. Of course where applicable please ensure that the form is signed by an executive officer of the local or SDC.



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**REQUEST FOR LEAVE FOR SUN BUSINESS**

In accordance with the Leave of Absence provisions of the Collective Agreement, the Union requests a Leave of Absence for Union Business for:

Name	Classification	Unit/Facility/Agency
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For scheduled shifts on the following dates and times:

Date _____	From _____ hrs to _____ hrs
Date _____	From _____ hrs to _____ hrs
Date _____	From _____ hrs to _____ hrs
Date _____	From _____ hrs to _____ hrs
Date _____	From _____ hrs to _____ hrs

Please bill to:

( ) SUN Local # \_\_\_\_\_ @ \_\_\_\_\_ For a total of \_\_\_\_\_ hrs  
 Please send bill c/o:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

( ) SUN District Council \_\_\_\_\_ For a total of \_\_\_\_\_ hrs  
 Please send bill c/o:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

( ) SUN Provincial Office For a total of \_\_\_\_\_ hrs  
 2330 – 2<sup>nd</sup> Avenue  
 Regina, SK S4R 1A6

IF CHARGED TO THE LOCAL or SDC

Authorized by:

Local Executive & Local Number or SDC Executive

Date submitted: \_\_\_\_\_

FOR EMPLOYER USE ONLY

Authorized for payment by:

\_\_\_\_\_

Date \_\_\_\_\_

*Distribution: Original to Employer  
 Copy to Local, SDC or SUN provincial as applicable after completion by Employer*