



**SASKATCHEWAN
UNION OF NURSES**

REGINA OFFICE

2330 2nd Ave.
Regina, SK S4R 1A6
P: (306) 525-1666
TF: (800) 667-7060
F: (306) 522-4612
E: regina@sun-nurses.sk.ca

SASKATOON OFFICE

204 - 440 2nd Ave. North
Saskatoon, SK S7K 2C3
P: (306) 665-2100
TF: (800) 667-3294
F: (306) 665-9755
E: saskatoon@sun-nurses.sk.ca

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	Facility/Agency	Unit
For scheduled shifts on the following dates and times (eg. 1200-1600):			
Date: _____		Time: _____	
Date: _____		Time: _____	
Date: _____		Time: _____	
Date: _____		Time: _____	
Date: _____		Time: _____	

Please bill to (check one):

PROVINCIAL PAID UNION LEAVE
 Send bill to:
 SUN Provincial
 2330 2nd Avenue
 Regina, SK S4R 1A6
 For total hours of: _____

Signature from SUN Provincial is not required

LOCAL PAID UNION LEAVE
 SUN Local: _____ For total hours of: _____
 Send bill to:
 Name _____
 Address _____

LOCAL EXECUTIVE APPROVAL

Authorized by: _____
 Position: _____
 Signature: _____
 Date: _____

EMPLOYER USE ONLY

Authorized for payment by: _____
 Signature: _____
 Date: _____

***Only required for locally paid union leave*

Distribution: Original to Employer
Copy to the Local