



**SASKATCHEWAN
UNION OF NURSES**

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MEMORANDUM

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

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

DATE: January 19, 2021

SUBJECT: REQUEST FOR LEAVE FOR SUN BUSINESS

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 Network 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 SNC.



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

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

THE ABOVE HOURS ARE TO BE BILLED TO:

() SUN Local # _____ @ _____ for a total of _____ hrs

Please send bill c/o:

Name: _____

Address: _____

() SUN Network Council: _____ for a total of _____ hrs

Please send bill c/o:

Name: _____

Address: _____

() SUN Provincial Office - Please send bill to: 2330 2nd Avenue, Regina SK, S4R 1A6

If charged to the Local or SNC
Authorized by: _____

Local Executive and Local # or SNC Executive
Date Submitted: _____

FOR EMPLOYER USE ONLY
Authorized for payment by: _____

Date: _____