LEAVE OF ABSENCE FOR UNION BUSINESS

		COPE 378 Office Use Only		
Date of Absence:	Hours Absent:	Cost Code:	Period Paid:	Reason for Leave:

Name: _____ *Hourly Rate:* $ _____ *Employee ID:* _____

Signature: _____ *Date*: _____

Employer: _____ *Secretary Treasurer Approval:* _____

Please send the completed form to Linda Allan at 2nd Floor – 4595 Canada Way, Burnaby, BC V5G 1J9 or fax it to 604 299-8211.