CUPE Local 1978 Union Leave Request Form

CUPE Local 1978
16 - 3318 Oak Street
Victoria, BC V8X 1R1

Tel: 250-472-1978
Fax: 250-472-1933

Name: _____ Employee No: _____

Employer: _____ Department: _____

Regular Full Time ☐ Regular Part-Time ☐

Date		Hours
Only provide dates for open office hours, do not include days off or holidays		

Distribution of Charges	
Amount	Description
For office use only	

CERTIFICATE

This is to certify that the amounts shown on this statement were incurred by me on behalf of CUPE and /or it's Local 1978.

Members Signature_____

Date:_____

Verified by:_____

Date:_____