



**Member request to the UNW
to send a BILLING AUTHORIZATION LETTER to the Employer**

Updated Aug 2014

Completed forms with attachments can be emailed to hq@unw.ca or faxed 867-920-4448

BEFORE completing this form, you must:

- Request leave from your employer and receive approval from your supervisor/employer
- Receive confirmation that you are registered or approved to attend the union event

Participant/Member Name _____	Home phone _____
Mailing Address _____	Work phone _____
City/Prov/Postal Code _____	Cell phone _____
Employer _____	Email _____

*personal – not work email

Function/Conference/Education/etc: (Reason for leave)	
Event Location: (i.e. City, Town, etc.)	
Date(s) & Time of Event:	
Total Number of Hours of Work that you will miss to attend function:	

I am a Shift Worker:

You must attach a copy of your shift schedule which clearly shows which shifts you were scheduled to work prior to booking union leave.
Please identify your scheduled days off during the time period of the union event:

I am a Non-Shift Worker

My normal work week is: (i.e., Mon-Fri etc.)	
My normal start/end times are: (i.e. 8:30–5:00 pm)	

Travel Information or Required Documentation

- I required travel to be booked by the UNW (see bottom of this form). –OR–
- I have attached a copy of my air travel itinerary to this form. –OR–
- I will be using my personal vehicle

Where does the UNW send the billing authorization? (please complete all)

Supervisor’s Name		Supervisor’s Email	
Client Services Manager OR Human Resources Name		HR email	

UNW Member Signature

Incomplete forms will not be processed. The form will be returned for completion.

Please Note: The Billing Authorization letter will only be sent to your employer after the union leave is completed.

The Billing Authorization Letter is not a request for time off. It is only to authorize the employer to invoice the UNW for a member’s billable union leave.

TRAVEL ARRANGEMENTS REQUEST (if required)

Member Name
(as it appears on your ID) _____ **Aeroplan #** _____

Flights required. Please provide detail of required departure and return dates, and approximate times.

--

Accommodation required. Please provide details such as dates required, smoking/nonsmoking, if there is a specific hotel which should be booked because of conference, etc.

--

OFFICE USE ONLY

Leave authorized by: _____	Date: _____
Authorization verified by: _____	Date: _____