 Local 139

 Grand River Hospital

 Local139@ona.org

 519-591-7049

Today’s date:

RN name:

Unit currently employed in:

Managers name:

This is to request a leave of absence for: (name and unit) as follows:

 Date requested off: Hours requested off:

for Local association business.

|  |  |  |  |
| --- | --- | --- | --- |
| Committee Name/Time | Description | Code to be used | Tick off appropriate box |
| Unpaid Union Leave | For all Members and Executive (250 days) | UB1 |  |
| Interest Arbitration | Committee and Executive only | UB2 |  |
| Local Coordinator leave | Local Coordinator only (50 days) | UB3 |  |
| Paid Union Leave | For BUP and Grievance Chair only | UNB1 |  |
| Meetings called by GRH | Committee meetings, HAC, grievance, Negotiation and all other meetings called by Employer | UNB2 |  |
| JHSC | Joint Health and Safety Committee members only | UNB3 |  |

Sincerely,

Jen Cepukas

LC/BUP Local 139

Local139@ona.org

519-591-7049

Cc:

Sarah Martin: Local 139 Treasurer: Local139tr@ona.org

Manager’s name: