

# **OSSTF UNION LEAVE REQUEST AND AUTHORIZATION FORM**

Please submit your request for union leave to your supervisor. The request must be submitted to the University at least one (1) week in advance of the planned leave, as per Article 17.05 of the Collective Agreement between OSSTF District 35 and Brock University. Once complete, this form must be: 1) authorized by your supervisor, and 2) sent to the Office of Human Resources and Environment Health and Safety.

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**Request for union leave:**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Purpose of the union leave request

\_\_\_\_\_  
Date(s) of union leave

\_\_\_\_\_  
Total hours

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSSTF, District 35 President's Signature

\_\_\_\_\_  
Date

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**Approval to take union leave** (*supervisor's approval of the leave must be obtained **in advance***):  
I authorize this request for union leave.

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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**Replacement of member on leave:**

Will the member be replaced during the leave?

**Yes**   **No**

If applicable, please fill out and submit a Temporary Departmental/Office Assistance Request form to the Office of Human Resources and Environment Health and Safety.

**For Payroll purposes only:**

1) Was the member replaced during the leave?

**Yes**   **No**

2) Does the leave require OSSTF to reimburse the University?

**Yes**   **No**

Replacement cost to be charged to OSSTF:

_____	\$ _____	\$ _____	\$ _____
Total Hours of Replacement	Rate of Pay	Any Applicable Benefit Costs	Total Replacement Cost

Union notified of charges on: \_\_\_\_\_  
Date

Confirmed by:

Payment received on: \_\_\_\_\_  
Date

