

## Registration/Member request to the UNW for billable Union Leave

Updated May 2021 Completed forms can be emailed to <a href="mailto:hq@unw.ca">hq@unw.ca</a> or faxed 867-920-4448

Participant/Member Name Mailing Address	Work phone
Employer	Cell phone Email
	*personal – not work email
Function (Conference/Education/Convention):	
Event Location (i.e. City, Town, etc.):	
Date(s) & Time of Function:	
Total Number of Hours of Work that you will n	niss to attend function:
<ul> <li>☐ YES – I have received official leave approval from my supervisor/employer</li> <li>☐ YES – I have received confirmation that I am registered/approved for the function.</li> </ul>	
☐ I am a Shift Worker: **you must attach your shift schedule**	
☐ 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 pm)	
Travel Information	
☐ I require 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.	
Billing Information (Who is sponsoring your attendance? If you are unsure, please check with the event organizer.)  Sponsoring Body (i.e. UNW, Local, PSAC, other)  Event Organizer & Contact Information	
UNW Member Name (please print)  Incomplete forms will not be p	UNW Member Signature processed. The form will be returned for completion.
TRAVEL ARRANGEMENTS REQUEST	
	m if you require travel arrangements to be booked by the UNW.
Member Name (as it appears on your ID)	Aeroplan #
☐ <b>Flights required.</b> Please provide detail of required departure and return dates, and approximate times.	
□ <b>Lodging required.</b> Please provide details such as dates required, smoking/nonsmoking, if there is a specific hotel which should be booked because of conference, etc.	
<b>SMOKE/SCENT-FREE:</b> To assist our members with environmental sensitivities, all UNW events are smoke/scent-free. <b>ACCOMMODATION:</b> The UNW is committed to ensuring that our events are barrier-free in order to allow our members with disabilities to fully participate. Accommodation will be provided based on requirements of functional limitations identified below.	