



**Member request to the UNW
to send a Billing Authorization Letter to the Employer**

Updated Feb 2013

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

Participant/Member Name _____	Home phone _____
Mailing Address _____	Work phone _____
Employer _____	Cell phone _____
	Email _____
	<small>*personal – not work email</small>

Function/Conference/Education/etc: (Reason for leave)	
Event Location:	
Date(s) & Time of Function:	

- YES – I have received official leave approval from my supervisor/employer
- YES – I have received confirmation that I am registered/approved for the function

- I am a Shift Worker: **you must attach your shift schedule
- I am a Non-Shift Worker: Start Time: _____ End Time: _____

- YES – I have attached a copy of my air travel itinerary to this form.
– OR –
- YES – I will be using my personal vehicle
(If you required travel to be booked by the UNW, please use the bottom part of this form.)

Supervisor's Name: _____	Supervisor's Email: _____
Human Resources Name: _____ (or person responsible for time & billing)	HR Email: _____
	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

*Please only complete this part of the form if you require travel arrangements to be booked by the UNW.

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: _____