

**Nurses' Bargaining Association
Article 44 – Union Leave Request**

(Employers may revise Form for the purposes of internal leave administration, routing and/or payroll purposes)

Instructions:

Note: Employees requesting leave under Article 44 will provide the Employer with as much advance notice as possible. Employers are to respond within 14 days of the of the leave request.

Employee – Fills out sections 1 to 2

Union Executive/Regional Chair – Fills out section 3. Request electronically submitted to the Employer by the Employee.

Employer – Fills out section 4

Section 1 – Employee Information

Name:	Employee ID#	Email:
Phone:	Union:	Manager's Name:

Work Site/Unit:		
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Section 2(a) – Article Under Which Union Leave is Requested

- I. Please indicate the Article under which Union Leave is being requested:
- a. Article 44.01 (A) Union Council/Board Member
 - b. Article 44.01 (B) Annual or Special Conventions (member elected or appointed to represent only)
 - c. Article 44.01 (C) Member of Union's Bargaining Committee
 - d. Article 44.01 (D) Provincial Bargaining Conference (delegates only)
 - e. Article 44.01 (E) Regional Bargaining Conference (delegates only)
 - f. Article 44.01 (F) Special or Standing Committee of Union or Union Business
 - g. Article 44.01 (H) Full Time President or Council Members

Section 2(b) – Time Off Request for Union Leave (preparation time, travel time and *rest time)

<u>Date(s)/Time(s) that Union Leave will be conducted:</u>		<u>Nurse's scheduled shift (e.g. 0700-1900):</u>	
Union Business:	Date: _____ Time: _____	Scheduled shift time:	_____
	Date: _____ Time: _____	Scheduled shift time:	_____
	Date: _____ Time: _____	Scheduled shift time:	_____
Preparation Time:	Date: _____ Time: _____	Scheduled shift time:	_____
Travel Time:	Date: _____ Time: _____	Scheduled shift time:	_____
		Total Shifts:	_____ Total Paid Hours: _____
Shift/Hours for *Rest Time:	Date of Shift: _____	Paid Hours:	_____

(*Rest time only permitted on the shift immediately following the day on which union business is conducted during a nurses' off-duty time)

Section 3 – Union Approval

I hereby certify on behalf of the Union that this employee will be conducting union business as requested above.
 Employee holds a "union-designated role" YES NO
 Union Executive or Regional Chair: _____
 Date Signed and returned to Employee: _____

Section 4 - Employer Authorization

Note: Incomplete requests will be returned to the Union Executive/Regional Chair for follow up and resubmission.
 Date Received by Employer: _____
 Reasonable efforts to accommodate request may include:
 _____ Calling out the leave at straight time (to casual and part time employees)
 _____ Redeploying staff from other units/departments
 _____ Scheduling changes
 _____ Calling out the leave at overtime (to casual, part time and full time employees) to backfill ONLY employees in union-designated roles
 _____ Other reasonable measures that may result in granting of the leave but does not jeopardize patient safety
 Comments: _____
 This Request is:
 Approved Denied. Reason for denial: _____

 Employer Signature: _____ Date Returned to Employee: _____