

Absence Due To Syndical Activity

To be completed by the employee prior to syndical absence and provided to manager.

Name:		Employee Number:	
Department:			
Reason for absence:			
Date of activity:			
Time of departure:		Time of return:	
Location of union activity:			
Your signature:		Date:	

To be completed by the manager following the absence

Name of replacement:	
Classification:	
Hours:	
from:	to:
Manager's signature:	
Date:	

Do not forget to save a copy for your files.

This form must be forwarded to the Human Resources Department in 4B.7 through internal mail.