

*CUPE LOCAL 3324- THE PARAMEDIC'S UNION ON PEI
Union Time off Request form*



Name	
Base	
Supervisor	
Date Submitted	

Date Requested	Shift Type	Start Time	End Time	Reason

Signature of Submitting Member: _____

Union executive approval signature: _____

Note: this form must be approved by a union executive and then faxed to 902-854-8013 or e mailed to the President.

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UNION OFFICE USE ONLY:

Island E.M.S Invoice # _____

Paid by Cheque #: _____ *Date of Payment:* _____