

**CIVIC SERVICE UNION 52
WAGE REPLACEMENT
FOR UNION BUSINESS**

Name: _____
(Please Print)

Payroll #: _____

Work Address: _____

Hr. Rate: _____

Date(s) and Purpose of Leave:

Number of Hours Claimed: From: _____ To: _____ Total Hrs: _____
(Do not include lunch)

Is your employer paying your wages for the time claimed? Yes No

If yes, please indicate if this time is being paid as vacation or banked time.
Please explain if this is any other paid time?

Is this your Earned Day Off (EDO)? Yes No

Will the City be invoicing the Union for your wages? Yes No

Claimant's Signature

Claimant's Work Phone #

For Office Use Only

Approved for payment by _____
Cheque # _____
Date _____