

# CIVIC SERVICE UNION 52

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## WAGE REPLACEMENT FORM

Time Off for Union Business

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_

Leave Date	Time	Purpose

Total Claimed Hours (exclude lunch):

	YES	NO
Is your employer paying your wages for time claimed?	<input type="checkbox"/>	<input type="checkbox"/>
Will your employer be invoicing the Union for your wages?	<input type="checkbox"/>	<input type="checkbox"/>
Is this your Compressed Day (EDO)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you using vacation/banked time?	<input type="checkbox"/>	<input type="checkbox"/>