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Leave of Absence for Union Business Acute Care

If requesting a Leave of Absence from an Acute Care position for the Annual and/or Provincial Meetings, please complete the following form and submit to your Employer for approval. When the form is completed and signed it must be submitted to the NSNU attached to your salary replacement form. Please submit forms via mail or fax attention to Accounts Payable.

I, _____ of the _____ Local request a leave of absence from my scheduled shift(s) to attend the _____ meeting of the Nova Scotia Nurses' Union.

I request that my salary for the leave of absence shift(s), noted below, be continued by the Employer. Costs could be covered by the Employer under Article 5.06 (a), or continued by the Employer and invoiced to the Nova Scotia Nurses' Union under Article 5.06 (b) of the Collective Agreement.

As per Article 5.06 (a), the Employer is responsible to cover the salary and benefit costs for the leave of absence hours for the number of members listed in this article and who require a leave for the Annual and/or Provincial Meetings.

_____ Meeting	_____ Date	_____ Hours
_____ Meeting	_____ Date	_____ Hours
_____ Meeting	_____ Date	_____ Hours

Member Signature _____

Date of Request _____

Employer's Response _____

Employer's Signature _____