

**TIME CLEARANCE REQUEST FORM**

This form must be completed when applying for time off to attend to Union Business for Lodge 764. It is mandatory that you fill out all the information completely in order for the Lodge offices to be able to process your request(s) in a timely manner.

Note: We require a minimum of ten (10) calendar day’s notice, in writing, to be able to meet the contractual obligations with the Employer(s).

**NAME:**

**WORK PHONE #:**

**HOME PHONE #:**

**EMAIL:**

**EMPLOYER/DEPT:**

**EMPLOYEE #:**

**PURPOSE OF UNION BUSINESS:**

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**DATE(S) OF UNION BUSINESS: DATE(S) REQUESTED FOR TIME CLEARANCE:**

**TOTAL DAYS OR HOURS REQUESTED:**

**DAYS HOURS**

**DAYS/HOURS SPENT ON REGULAR REST DAYS:**

**MANAGER / TEAM LEADER / SUPERVISOR:**

**TITLE:**

**MAIL DROP:**

**PHONE #:**

**FAX #:**

**UNION AUTHORIZATION: (EXECUTIVE MEMBER)**

**This form must be completed in full and faxed or (e)mailed to the Local Lodge 764 offices: FAX: 604-273-9668 OR MAIL DROP: YVR 3250**

**ATTENTION:** **timeclearance@iam764.ca**

Time Clearance Form - 2023