



APPLICATION FOR LEAVE OF ABSENCE – PART-TIME UNION REPRESENTATIVES
(For leave of absence of less than one calendar month)

To be completed by the employee (please print)

Full Name _____ PIN _____

Union Organization and Local: _____ Work Location: _____

I wish to apply for the period(s) of time (less than one calendar month) that I was on a leave of absence on union business under section 5.6 of the CN Pension Plan to occupy the elective position of:

- | | |
|--|--|
| <input type="checkbox"/> General Chairperson | <input type="checkbox"/> General Secretary-Treasurer |
| <input type="checkbox"/> Assistant General Chairperson | <input type="checkbox"/> Local Chairperson |
| <input type="checkbox"/> Legislative Representative | <input type="checkbox"/> District Chairperson |

Signature: _____ Date: _____

PERIODS OF LEAVE
FROM TO

	Year	Month	Day	Year	Month	Day	Earnings Lost	Miles or Hours Lost
1							\$	
2							\$	
3							\$	
4							\$	
5							\$	
6							\$	
7							\$	
Total Earnings Lost:							\$	

Note: When determining earnings and hours lost for a member of the running trades, the earnings reported must be the actual earnings of the employee who replaces the individual on leave of absence.

To be completed by the immediate supervisor or authorizing officer

Name: _____ Phone : (_____) _____ - _____

Signature: _____ Date: _____

Return the form to:

Mercer
Pension and Benefits Administration
P.O. Box 8111
Montreal, Quebec
H3C 3N3
Fax number: (514) 284-7488