

**REQUEST for the UNION OF NORTHERN WORKERS  
to send a Billing Authorization Letter to the Employer**

**All information must be complete and the material listed below must be attached to this form before Billing Authorization Letters will be issued:**

Participant: \_\_\_\_\_ Contact #s: \_\_\_\_\_ (H) \_\_\_\_\_ (W)  
Mailing Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
\_\_\_\_\_

Function: \_\_\_\_\_ Event Location: \_\_\_\_\_

Date & Time of Function: \_\_\_\_\_

Time off Required for Event and Travel: \_\_\_\_\_

Have you received **written leave approval** from your supervisor/employer? Y\_\_\_

Participant Confirmation Received: Y\_\_\_ N\_\_\_

Shift Worker: Y\_\_\_ N\_\_\_

**If "Yes" - Please Attach Shift Schedule**

Non Shift Worker: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's **Fax** Number: \_\_\_\_\_

Shift Schedule for Shift Workers Attached (ie: start & finish times- Day, Evening, Night)

Travel Itineraries for Participants Are Attached (when required)

Signature: \_\_\_\_\_

**Incomplete requests will be returned to sender for completion before any processing is undertaken by the Union of Northern Workers.**

**NOTE: Members must secure leave from their employer at least 3 weeks in advance for all shift workers and 2 weeks in advance for all other employees.**

**OFFICE USE ONLY**

Leave authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorization verified by: \_\_\_\_\_ Date: \_\_\_\_\_