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| TWU USW Local 1944 - Primary | TIME OFF / TRAVEL REQUEST*Demande de congé / voyage* | TWU USW Local 1944 - Primary - FR |
| **Date:** *Date :*  |       |  | **Authorized by:** *Autorisé par :* |       |

[ ]  **Local Annual Delegated Meeting** (Réunion annuelle des délégués de la Section locale)

[ ]  **Local Meeting** *(Réunion de Section locale)* [ ]  **Arbitration** *(Arbitrage)* [ ]  **Education Course** *(Cours de formation)*

[ ]  **Grievance** *(Grief)* [ ]  **Other** *(Autre)* [ ]  **Committee** *(Comité)*

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| **Name of Committee/ Education Course/ Local/ Arbitration #/ Grievance #:***Nom du comité/ Cours de formation/ Section locale/ # Arbitrage/ # grief* |       |
| **Charge to:***Facturer à :* |  | **Date(s):***Date(s) :* |       |
| **Committee Meeting Room Required:***Salle de réunion requise pour le Comité* |       |  | State exactly which day(s) and start time of meeting*Préciser date(s) et heure du début de la réunion* |
| **Place (TWU office and/or Hotel)***Lieu – bureau du STT et/ou hôtel* |  |
| **Equipment needed for meeting (i.e.: set up of room, coffee, overhead equipment, etc.)***Équipement requis pour la réunion (i.e. aménagement de la salle, café, projecteur, etc.)* |       | **Or Supply requirement list will follow:** [ ] *Ou la liste des fournitures requises suivra* |

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| **Province****(BC, AB,** **ON, QC)** | **NAME***Nom* | **EMPLOYEE ID #***D’employé* | **ADVANCE AMOUNT & CHEQUE #***Montant avancé &* *# chèque* | **TIME OFF DATES***Dates du congé* | TRAVEL REQUIRED**If yes, attach Travel Form***Voyage requis**si oui, joindre formulaire* | HOTEL REQUIRED**If yes, attach Travel Form***Hôtel requis* *Si oui, joindre formulaire* | **ADVANCE COMPLETE***Avance complétée* | **LETTER SENT***Lettre envoyée* | **TIME OFF FORM****SENT TO:***Formulaire de congé* *acheminée à* |
|  |  |  |  |  | **Yes** *(Oui)* | **No** *(Non)* | **Yes** *(Oui)* | **No** *(Non)* |  |  |  |
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