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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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