Local 1133 Union Leave Authorization Slip

NAME DATE

Position	Days	Nights	Sun	Sat	Str time	O/time	Hours	Vac %	Date of Shift

Brief Discription

TOTAL PAY_____

Authorization Slip must be approved and signed by either the Local President or 1st Vice President before submitting for payment. No payment will be made unless signed.

Authorized By_____**Title**_____

COMMENTS