

CASUAL GROUP A UNPAID LEAVE REQUEST
I.L.A. LOCAL 1771

I, CASUAL GROUP A MEMBER _____
PRINT FULL NAME

REQUEST UNPAID LEAVE FOR VACATION FROM

DATE _____ TO _____

I UNDERSTAND I AM ALLOWED ONE WEEK UNPAID
AUTHORIZED VACATION, IF AND WHEN APPROVED.

I UNDERSTAND THE ABOVE DATES CANNOT FALL
WITHIN ONE WEEK PRIOR TO, OR ONE WEEK AFTER
ONE OF THE TWELVE MAJOR HOLIDAYS OBSERVED
BY I.L.A. LOCAL 1771 AND MUST BE SUBMITTED AT
LEAST ONE WEEK PRIOR TO THE REQUESTED DATES.

SIGNATURE _____ DATE _____

APPROVED BY

NAME

TITLE

DATE