



BOW VALLEY COLLEGE FACULTY ASSOCIATION

TIME OFF REQUEST FORM

Time Off is required to enable the person named below to attend Faculty Association business as indicated.

In accordance with the Agreement, this Time Off is to be granted without the loss of regular earnings.

Please pay the employee his/her regular salary. Invoice the Faculty Association for the amount paid, including a copy of this document with your invoice to expedite processing.

Employee:

Department:

Last Name, First Name

Time Off required for
Faculty Association Business

date(s)

Day(s) &/or Hours

Time Off required for Faculty
Association Travel

date(s)

Day(s) &/or Hours

Total Time Off Required Days:

Day(s) &/or Hours

Faculty Association business as explained below:

Approval/Authorization

On behalf of the Faculty Association:

Name

Title

Signature

Date

On behalf of Bow Valley College:

Name:

Title:

Signature

Date