



## APPLICATION FOR LEAVE FOR TRADITIONAL ABORIGINAL PRACTICES

EMPLOYEE NAME:	Tel:
EMPLOYEE #:	UNION STATUS:
continuous employment may take	ompleted at least three consecutive months of up to five (5) days of unpaid leave each ditional Aboriginal practices, including:
<ul> <li>ADDITIONAL INFORMATION:</li> <li>May be taken in one or mo</li> <li>Periods must be at least or</li> </ul>	
	tion (ATTACHED) (if unable to provide, must ployee's return to work if reasonably practical
Requested Period of Leave:	
From: / / DD/MM/YYYY	To: / / DD/MM/YYYY
Number of Days:	
I certify that I have read an	nd understood the terms outlined in this document.
SIGNATURE OF APPLICANT	
DATE	





ASSOCIATION DECISION APPROVED REJECTED		
SIGNATURE ON BEHALF OF ASSOCIATION	WEBC SIGNATURE	
DATE		