



# 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:**

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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
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**On behalf of Bow Valley College:**

Name:	Title:	Signature	Date
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