

APPLICATION FOR SENIORITY CREDIT

NAME: _____ EMPLOYEE NUMBER: _____

STORE: _____ DEPARTMENT: _____

REASON FOR APPLICATION: _____ WORKER'S COMPENSATION
_____ VACATION
_____ MATERNITY/PATERNITY/ADOPTION
_____ SICK LEAVE (6 DAYS – 1 YEAR)
_____ UNION LEAVE OF ABSENCE
_____ OTHER

DATES ABSENT: _____

ESTIMATE HOURS

FOREGONE: _____ hours STATUTORY HOLIDAY PAY _____

E-MAIL ADDRESS: _____

SIGNATURE: _____

(Please note, for certain credits we will require specific documentation prior to granting credit., i.e. notification from W.C.B. that claim was accepted.)

OFFICE USE ONLY

SUPERVISOR APPROVAL: _____

CONFIRMATION OF DATES ABSENT: _____

SUPPORTING DOCUMENT PRESENT WHERE REQUIRED: _____

AVERAGE HOURS: WEEK PRIOR _____

2ND PRIOR _____

3RD PRIOR _____

4TH PRIOR _____

TOTAL: _____

AVERAGE HOURS: _____

HOURS SCHEDULED WEEK ABSENT (IF APPLICABLE): _____

SENIORITY HOURS CREDIT: _____ hrs ADDITIONAL STAT PAY: _____ hrs

CURRENT SENIORITY HOURS: _____ AMENDED SENIORITY HOURS: _____

DATE ENTERED: _____ NAME/SIGNATURE: _____