

ANNEX D

Time Off For Trade Union Duties

Request Form

Please complete this form in full and send it to the appropriate Senior Operations Manager, Senior Distributions Manager or PTS Manager.

Part 1 - Request

<i>Name of Trade Union Representative and Union</i>	
<i>Reason for abstraction and location attending.</i>	

Date of abstraction	
HOURS	

Date 15-09-15

Signature

Part 2 - Authorisation

Name of Senior Manager	
Authorised Yes / No	
Reason for declined request	

Date

Signature

Part 3 – Abstraction

Name of Clinical Scheduling Manager	
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Date

Signature

Please return to Branch Secretary