GSU	٢	SSG
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Approved Authorization Form

Approved Annual Leave Form

MOU/Employer Paid

DATE:

2024

NAME:

ADDRESS:

NSE C

CLASSIF: PAY TIER:

DAY OF REST:

\$330

PAID BY GSU

LOCAL #:

or

NVP

RVP

TRAVEL TIME:

PAID BY GSU

Region:

Government Services Union Syndicat des services gouvernementaux	

Sin #:

or

or

HOURS OF

UNION LEAVE:

For office

SE CI	_AIM	Purp	OSE OF CLAIM:				
	Departui	RE DATE & TIME	E FROM RESIDENC	E: Arr	IVAL DATE & TIME	AT DESTINATION:	
		RE DATE & TIME	TIME (H:MM AN		DATE	TIME (H:MM AM/PM)	-
	D	ATE	Тіме (н:мм АМ/Р	M)	DATE	Тіме (н:мм АМ/РМ)	-
TRAVEL:	For Office	TRAVEL:	DAILY	HOTEL /	OTHER:	OTHER	:
KILOMETERS ONLY	Use Only TRAVEL:	TAXI TOLL	PER DIEM:	PRIVATE ACCOM.	(AMOUNT)	(DESCRIPT	TON)
	KILOMETERS	PARKING (ATTACH RECEIPTS)	\$130.00	(ATTACH RECEIPTS)	(ATTACH RECEIPTS)		

	use only - Hourly Rate			Kilometers	PARKING (ATTACH RECEIPTS)	\$130.00	(ATTACH RECEIPTS)	(ATTACH RECEIPTS)	
	hrs	hrs	km						
	hrs	hrs	km						
	hrs	hrs	km						
	hrs	hrs	km						
	hrs	hrs	km						
	hrs	hrs	km						
	hrs	hrs	km						
TOTAL:									

FOR OFFICE USE ONLY

	RCM/TB 2211 / 2213	TT / 5699	DOR / 5699	BILL TO LOCAL #
# OF HRS				
\$				
Approved by		Dat	e Paid	Account #

FOR OFFICE USE ONLY

TOTAL SALARY CLAIM:	TOTAL TRAVEL CLAIM:	
5882		
5883	LESS ADVANCE:	
5884		
NET SALARY CLAIM PAID:	NET TRAVEL CLAIM PAID:	

July 1, 2024 – Please send your claim with supporting scanned documents and/or receipts to the Finance Section email: lafleul@psac-afpc.com