



Overnight Record Form

Name: _____ **Member #:** _____

Facility: _____

Members who are away from home doing Union work will be credited with 1.5 hours per night paid union leave for every night away in excess of 15 nights in a 12 month period. This applies to in-town Regional Directors who are doing Union work and who are unable to return home before 9:00 p.m.

- The 12 month period will cover the calendar year.
- Members are responsible for tracking their overnights and for submitting information to HSA Accounts Payable once the form is complete (i.e., once the 15th overnight has been filled in, send the form to Accounts Payable). Add the 16th and subsequent overnights to the Record of Union Leave (ROUL).

No.	Date of Overnight	Union Activity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

DECLARATION:

I declare that I have completed this form accurately and, in making this application to bank paid union leave, I acknowledge that, in all instances when I earn compensation from HSA related to banked union leave (i.e. employment income) AND I am also in receipt of benefits payable pursuant to an insurance (e.g. long term disability) or statutory (e.g. employment insurance) scheme, I will comply with all reporting requirements of the insurance or statutory scheme.

Signature: _____

Date: _____

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing service to our members. For further information, please contact the HSA Privacy Officer. The full HSA policy is available online at www.hsabc.org.



OVERNIGHT POLICY

HSA members who are away from home doing Union work will be credited at 1.5 hours per night for every night away in excess of 15 nights in a 12 month period. This applies to in-town Regional Directors who are doing Union work and who are unable to return home before 9:00 p.m.

The following provisions apply:

- Members are responsible for tracking overnights and submitting information to the Accounting office.
- The 12 month tracking period will cover the calendar year.
- Credited hours will be taken as paid union leave and will not exceed 37.5 paid hours (from all sources) in one week.

Please send your completed form to the Accounts Payable department at HSABC:

By mail: 180 East Columbia Street, New Westminster, BC V3L 0G7

By email: Payable@hsabc.org

By facsimile: 604-515-8889, toll free 1-800-663-6119

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