

MDC Maritime Data Center Inc.

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BANKED HOURS PAYMENT REQUEST

STEVEDORE (002) GEARMAN (052) CHECKER (082)

UNION NUMBER: _____

NAME: _____

NUMBER OF HOURS REQUESTED: _____

PAY PERIOD ENDING: _____

TO BE PAID ON: _____

SIGNATURE: _____

DATE: _____

I WILL BE TAKING TIME OFF FOR THE PERIOD IN WHICH THE PAYMENT IS REQUESTED.

NOTE:

FOR PAYMENT OF BANKED HOURS ON THE NEXT PAY DATE. A SIGNED AUTHORIZED REQUEST FOR PAYMENT OF BANKED HOURS MUST BE RECEIVED AT MDC HALIFAX PRIOR TO CLOSING (11:00 AM) FRIDAY PRECEDING THE DATE OF PAY.