



MARITIME DATA CENTRE INC.
CENTRE DE DONNÉES MARITIMES INC.

BANKED HOURS PAYMENT REQUEST

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

UNION NUMBER:

NAME:

NUMBER OF HOURS REQUESTED: ALL OR Hours 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 AUTHORISED REQUEST FOR PAYMENT OF BANKED HOURS MUST BE RECEIVED AT MDC HALIFAX PRIOR TO CLOSING (11:00 AM) FRIDAY PRECEEDING THE DATE OF PAY.

(2024-04)