SUBORDINATE BODY PAID RELEASE TIME

Name_____

Address_____

_____

Home Phone_____ Work Phone_____

Social Security Number_____

Hourly Rate of Pay_____

Anticipated Date Off of Work_____

Anticipated Hours Off of Work: From:_____

To:_____

Total Hours:_____

State the nature of Union business for which you need to be released from work:_____

_____

_____

The above requested leave has been approved by:

_____
Subordinate Body President Date

_____
Executive Committee Member Date

Instructions

1. Union paid release time must be approved prior to release.

2. A copy of this form must be provided to the Subordinate Body President and Treasurer.

3. A copy of your current pay stub must be attached.

4. Payee must acknowledge responsibility for all employment taxes by signing in space provided below.

   I understand all filing and payment of all federal, state, and local employment taxes are my responsibility and not that of OCSEA.

_____
Member Signature Date

_____ _____
Check # Date Paid