AFSC	ME Local 21	91		CITY OF COLU	IMBIIS			Ch	eck One:			
				SCME UNION REP	RESEN	ITATI			Union Vice-P Steward Other:	resident		
NAME	:			DAT	E:							
n acco eques permit	ordance with st for authori ted on City 1		yself from	rgaining agreemen	t, this	-	site to	conduct the U	nion business o	lescribed below		
Expected Expected Date: Start		□ a.m. In m	m. <b>Ending</b> p.i				tination: hone #					
FOR	THE PURPOS on 6.2(A) Un											
	Section	Reason		Hours		Section		Reason		Hours		
	6.2(A)(1): 6.2(A)(2):	Investigate, draft, and file grievances at Step 1 Grievances #(s): Attend as Union Rep. Step 1 & 2				□ 6.2(A)(4):		Attend meeting at request of employee who reasonably believes meeting may lead to discipline Employee:				
	6.2(A)(2):	grievance hearings Grievances #(s): Attend Investigatory interview			_	un Em		Attend disciplinary hearings conducted under Article 10 Employee: Respond to health/safety extreme				
	at request of employee wh focus of investigation Employee:		o is	6.2(A)(7): Atte		Attend orient present on be	(progra ation session to half of the Unio	m) o on				
Socti	on 6.3							Date(s):				
Secu	Section	Reaso	on .	Hours		Sect	ion		Reason	Hours		
	6.3(A)(2)	Act in place of Un 6.3(A)(2)(a) Preside approved leave 5.3(A)(2)(c) Scheoo	ion Presid dent on ] 30 days or r	ent	<u> </u>	6.3(B)		Respond to shinquiries and inconversations Aggregate Ho	ort telephone n-person			
Secu	Section	Reas	on	Hours		Sect	ion		Reason	Hours		
	6.6 6.8 6.10	Union Convention Date(s): Union Bargaining Date(s): Union Rep. Training	ns, Semina Team ng Day					Date(s):	& Safety Committe anagement Meetin Committee	ee		
	Other (Con	Date(s): tractual reason):						Date(s):				
reques	n that the inf	ormation submitte zed for Union busir Representative's Si	ness as pe					pargaining conti	ract.	H HR Office		
СРН	HR Office Re	eview for Contract	Complian	ce	Sup	ervisc	r Lea	ve Approval/De	enial			
_	Meets Contractual Qualifiers:  YES  NO						Leave Request Approval:					
Mee	ts Contractu	al Qualifiers:		□ NO			-		☐ YES	□ NO		

Original: Immediate Supervisor forwards to CPH Human Resources after approval for Payroll Processing

Date

Supervisor Signature

Union Rep. Initials

Date

**Supervisor Initials** 

Copy to: Union Representative

Actual Hours Charged to Union Leave

**HR Office Signature**