

Today's Date: \_\_\_\_\_

## Operations Support Services (OSS)

Union Release Form

**Type of Leave:** (please check one)

Association Conference Leave 3.14.C

BU Member 3.14.A

Ed Code 45210

Officer Leave 3.14.B

Please be sure writing is legible

Reason for Leave: \_\_\_\_\_

1<sup>st</sup> Member Name (Last, First): \_\_\_\_\_ EmpID#: \_\_\_\_\_

Location/Site: \_\_\_\_\_ Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

\_\_\_\_\_  
(Date)                      From                      To                      Requesting \_\_\_\_\_ hours per day    or     ALL DAY

**Type of Leave:** (please check one)

Association Conference Leave 3.14.C

BU Member 3.14.A

Ed Code 45210

Officer Leave 3.14.B

Please be sure writing is legible

2<sup>nd</sup> Member Name (Last, First): \_\_\_\_\_ EmpID#: \_\_\_\_\_

Location/Site: \_\_\_\_\_ Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

\_\_\_\_\_  
(Date)                      From                      To                      Requesting \_\_\_\_\_ hours per day    or     ALL DAY

**Type of Leave:** (please check one)

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Please be sure writing is legible

3<sup>rd</sup> Member Name (Last, First): \_\_\_\_\_ EmpID#: \_\_\_\_\_

Location/Site: \_\_\_\_\_ Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

\_\_\_\_\_  
(Date)                      From                      To                      Requesting \_\_\_\_\_ hours per day    or     ALL DAY

**Authorized by:** \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
(CSEA Union Official)

Please return this form to: **Labor Relations-Room 1202 at Ed Center** or you may return via fax at **619-725-8177**