

Today's Date: _____

Paraeducators (PARA)

Union Release Form

Type of Leave: (please check one)

- Association Conference Leave 3.13.C
 Ed Code 45210
 PARA Conference (District Business)

- BU Member 3.13.A
 Officer Leave 3.13.B

Please be sure writing is legible

Reason for Leave: _____

1st 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 3.13.C
 Ed Code 45210
 PARA Conference (District Business)

- BU Member 3.13.A
 Officer Leave 3.13.B

Please be sure writing is legible

2nd 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 3.13.C
 Ed Code 45210
 PARA Conference (District Business)

- BU Member 3.13.A
 Officer Leave 3.13.B

Please be sure writing is legible

3rd 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**