

UNION PAID RELEASE TIME

Name _____

Address _____

Home Phone _____ Work Phone _____

Social Security Number _____

Date Off of Work _____

Anticipated Hours Off of Work: From: _____ To: _____

Hourly Rate of Pay \$ _____ Total Hours _____

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

SIGNATURE: _____

The above requested leave has been approved by:

Christopher Mabe, President Date

Executive Committee Member Date

1. Union paid release time must be approved prior to release.
2. This form must be completed and provided to the Comptroller.
3. A copy of your current pay stub must be attached.
4. Fill in the attached form to elect if you want taxes withheld and at which percentage, or sign off that you will be responsible for all taxes. **If you do not complete the attached form, your Release Time will not be paid.**
5. If you elect to have taxes withheld, complete the attached W-4. If you have already completed a W-4 for the current year, you do not need to complete another one.