

SUBORDINATE BODY PAID RELEASE TIME

Name _____

Address _____

Home Phone _____ Work Phone _____

Social Security Number (Last 4 digits only) _____

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:

The above requested leave has been approved by:

Approved at the _____
_____ Subordinate Body President Date
(Date of Meeting)

_____ Date
Executive Committee Member

1. Union paid release time must be approved prior to release by a proper motion.
2. This form must be completed and provided to the Subordinate body Treasurer.
3. A copy of your current pay stub must be attached.
4. Payee must acknowledge responsibility for all employment taxes by signing in the space provided below.

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

Date Paid
Check #

_____ Date
Member's Signature