

## REQUEST FOR UNION LEAVE

Once the form is complete, please type in the appropriate authorizing approval and forward the form to the next person (first union approval, then supervisor approval, then Employee Relations approval, and finally, to Payroll). Please download this form, save to your hard drive, and send it as an attachment with an e-mail note. When the completed form is ready to send to Human Resources, please email it to [employee.relations@cmich.edu](mailto:employee.relations@cmich.edu).

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Employee Name: \_\_\_\_\_

Campus ID #: \_\_\_\_\_ Empl. Group: \_\_\_\_\_

Department: \_\_\_\_\_

Function Attending (Be Specific): \_\_\_\_\_

At the request of: \_\_\_\_\_ (Name & Title)

Type of Leave Required (Check One)    Business                       Education

Date(s)	Number of Hours
_____	_____
_____	_____
_____	_____

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Authorized Union Signature – Title                      Date

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Campus Address (Bldg & Room #)                      Campus Phone

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Approved                       Denied

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Supervisor's Signature                      Date

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Campus Department                      Campus Phone

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Approved                       Denied

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Employee Relations Signature                      Date

cc:    Employee Relations  
       Payroll Department  
       Supervisor  
       Union President