REQUEST FOR UNION LEAVE

Union Member Process Overview

1. Complete Section 1
2. Notify supervisor of leave request
3. Obtain the required signature from the Union President
4. Email the form to Employee Relations at employee.relations@cmich.edu

Employee Relations will email the form to Payroll for Timeclock Plus comparison

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SECTION 1 – EMPLOYEE INFORMATION AND LEAVE DETAILS

Union Member Name: _____ Campus ID: _____

Employee Group: _____ Department: _____

Date of Union Leave (one date per form): _____ Scheduled Work Shift: _____

Union Leave Start Time: _____ Union Leave End Time: _____ Total Union Hours: _____

Type of Leave: □ Bargaining/Bargaining Prep □ Union Education

SECTION 2 – AUTHORIZATIONS

☐ Supervisor Notified of Request Date Notified: _____ Union Member Initials: _____

Union President: _____ Signature: _____ Date: _____

(Print)

Director/Employee Relations: _____ Signature: _____ Date: _____

(Print)