



REQUEST FOR UNION LEAVE

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ Phone #: _____

UIN: _____ Employing Unit: _____

Date(s) Requested: _____

Time(s) Requested: _____ Total Hours: _____
(Include travel time)

Union: _____

Location of Meeting/Event *(Select one and list address):*

On-Campus: _____ Off-Campus: _____

Reason for release time *(Please check one):*

Union Leave without Loss of Pay

- Grievance Meeting
- Pre-Disciplinary Meeting
- Contract Negotiations
- Labor-Management Meeting

Other Union-Related Leave

Please specify: _____

Type of leave requested:

- Vacation
- Compensatory Time
- Floating Holiday
- Unpaid

Employee Signature: _____ Date: _____

Additional Comments:

TO BE COMPLETED BY SUPERVISOR

Approved **Denied**

Supervisor Name: _____ Supervisor Phone: _____

Supervisor Signature: _____ Date: _____

Additional Comments:

TO BE COMPLETED BY UNIT HR *(if applicable)*

Approved **Denied**

Name: _____ Phone: _____

Signature: _____ Date: _____

Additional Comments:

Upon completion of this form, supervisors or departmental HR should give a copy to the employee and retain the original for their departmental records. Any questions or concerns regarding this form should be directed to the Labor & Employee Relations section of Staff Human Resources, 52 East Gregory Drive, Champaign, IL 61820, (217) 333-3105.