

SUBORDINATE BODY 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:

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.

Member's Signature Date

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.

The above requested leave has been approved by:

Subordinate Body President or Treasurer Date

Approved On:

_____ Circle One:
(Date of Motion, Standing Motion#, or Phone Poll)

Date Paid
Check #