Union Business Report

Employee Name: _____ Date: _____

Nature of Union Business (check all that apply)

Grievance Investigation ☐ Contract Negotiations ☐ LMC Meeting ☐
Grievance Hearing ☐ Training ☐
Administrative Hearing ☐ Other (specify) _____

Employee signature: _____ Date: _____

Supervisor signature of Approval: _____ Date: _____

If absence is for grievance investigation/representation:

Name of aggrieved employee _____

Name of aggrieved employee's supervisor _____

Destination: _____

Requested Time of Departure: _____

Estimated Time of Return: _____

Confirmation:

Actual time spent on Union Business: _____

Employee signature: _____ Date: _____

Supervisor signature/verification: _____ Date: _____

- **Please refer to the appropriate union contract for specific provisions that govern use of time spent performing union business.**
- **The employee must receive approval prior to absence from their job for union business.**
- **The Supervisor is responsible for verification and tracking of time actually spent performing Union business. Time may be tracked in Kronos by entering the code UPD for paid leave.**
- **A copy of this form must be forwarded to Employee/Labor Relations ML0166.**