

## MUSA RELEASE TIME FORM

### 5.04 Association Release Time

“It is acknowledged by the parties that all Association Representatives have regular duties to perform as Employees of the Employer. Therefore, Association representatives will not leave their duties without first obtaining the permission of their supervisor, or designate. Requests for Association release time, paid or unpaid, shall not be unreasonably withheld”.

**Employee Name:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Union Position:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Dept:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Dates of Union Duty:** \_\_\_\_\_

### Reason for Employee Release

<b>Paid:</b>	<input type="checkbox"/> 5.03	Negotiating Committee
	<input type="checkbox"/> 5.04 a) i)	MUSA appointment to an Employer Task Force or Committee
	<input type="checkbox"/> 5.04 a) iii)	Grievance Meeting / Investigation
	<input type="checkbox"/> 5.04 a) iv)	Employer Meeting
	<input type="checkbox"/> 5.05	As Designate of MUSA President
	<input type="checkbox"/> 10.05	Central Joint Occupational Health and Safety Committee
	<input type="checkbox"/> 10.06	Local Joint Occupational Health and Safety Committee
	<input type="checkbox"/> 10.07	Health and Safety Certification Training
	<input type="checkbox"/> 20.01-06	Labour Management Committee
	<input type="checkbox"/> 25.02	New Staff Orientation
	<input type="checkbox"/> Letter of Intent	Joint Job Evaluation Steering Committee (JJESC) OR Joint Rating Committee (JRC)
	<input type="checkbox"/> Other	
<b>Unpaid:</b>	<input type="checkbox"/> 5.04 b)	Association Business Other Than Above
	<input type="checkbox"/> 6.09 h)	Representative or Participant for MUSA at arbitration
	<input type="checkbox"/> Other	
<b>Time to be made up (Flex hours)</b>	<input type="checkbox"/> 5.04 b)	Association Business Other Than Above
	<input type="checkbox"/> 5.04 f)	MUSA Representative Meeting
	<input type="checkbox"/> Other	

**Total Release Time:** \_\_\_\_\_ **Paid Hours:** \_\_\_\_\_ **Unpaid Hours:** \_\_\_\_\_ **Time to be made up:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

**Distribution:**    Employee    Supervisor    MUSA    Human Resources