AFSCME Leave Slip

Employees must complete this form in order to use hours under Article 8.

Name of Employee: ________________________________ Today’s Date: ________________

Department/Division: _____________________________ Date of Release: ________________

Release Time: _______ Estimated Return Time: _______ OR End of Shift ________

Reason:
Investigation Representation Labor Management Committee
Hearing Representation Mayor/Department Head Meeting
Conflict Resolution Labor Negotiations
w/Employee & Supervisor Conference/Convention
Training: __________________________
(Must provide training information)

Other: __________________________________________________________________
(Must provide explanation)

Employee’s Signature: ______________________________ Date: ___________

Received By Name/Signature: __________________________ Date: ___________

Upon return the employee must complete the following and submit to Jessica Weaver in HR:

Actual Time Used: __________________________ Did this include Travel Time: __________

Employee’s Signature: __________________________ Date: ______________

Form Received on: ____________

Approved: YES _____ NO _____

If not approved, type and amount of Leave to be deducted: ______________

Approved By: _______________________________ Date: ______________
(name & signature)

Submit form via e-mail: jessica.weaver@slcgov.com, interoffice mail to HR Box 5464, or fax 801.535.6614