

**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](mailto:jessica.weaver@slcgov.com), interoffice mail to HR Box 5464, or fax 801.535.6614