

SAMPLE

BARGAINING UNIT BUSINESS/LEAVE REQUEST FORM FOR GRIEVANCE INVESTIGATION

NAME: _____ DATE: _____
EMPLOYEE NUMBER: _____ TIME: _____
UNION TITLE: _____

REASON FOR REQUEST: _____

EMPLOYEE BEING MET: _____
DEPARTMENT/LOCATION: _____
ESTIMATED TIME AWAY: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

LEAVE REQUEST APPROVED () LEAVE REQUEST DENIED ()

REASON/REMARK _____

MANAGER/SUPERVISOR DATE: TIME LEAVING LOCATION A
SIGNATURE

MANAGER/SUPERVISOR DATE: TIME ARRIVING LOCATION B
SIGNATURE

MANAGER/SUPERVISOR DATE: TIME LEAVING LOCATION B
SIGNATURE

MANAGER/SUPERVISOR DATE: TIME LEAVING LOCATION A
SIGNATURE