



nice NASSAU INTER-COUNTY EXPRESS

Union Release Form For Individuals

(Please print all information except signatures)

NAME: _____ DATE: _____

Instructions

Submit this form to your supervisor for prior approval to be released of your Veolia duties to attend to Union matter for the Union.

Please fill out this form as accurately as possible. After you have completed this form, return it to the SUPERVISOR IN YOUR DEPT.

Date							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Employee Comments

BY: _____

BY: _____
Union Representative

Supervisor Instructions

Please review the Union Release Time hours that the Individual has submitted. Approve the release and forward to the Director of Operations or The Chief Maintenance Officer for the Maintenance staff.

Supervisor Comments

Total Union Release Hours _____

Approved by: _____

Approved by: _____
Director of Operations

Approved by: _____
Chief Maintenance Officer

Action Taken

Manual check issued:

Check number _____

Date _____

Check Amount _____

PPE Date in ADP _____

Payroll Adjustment made to next pay period:

PPE Date in ADP _____