



**CITY OF SAN RAFAEL  
LABOR RELATIONS  
UNION TIME USE SLIP**

<b>To be completed by Employee</b>	Bargaining Group: _____ Date: _____
	Name of Steward: _____
	Department/Division: _____
	Reason:     _____ Monthly Issues Meeting _____ Meeting _____ Negotiations _____ Discipline _____ Other
	Departure Time: _____ Return Time: _____
	Total Release Time: _____

<b>To be completed by Supervisor</b>	_____ Approved            _____ Denied*
	<i>*If denied, supervisor must indicate reason and next available time:</i>
	_____
	_____
	_____
_____	_____
Supervisor Name / Initials	Steward's Initials

- INSTRUCTIONS:**
- 1. To be completed by Union Steward.**
  - 2. Original to Human Resources.**
  - 3. Copy to Department files.**
  - 4. Copy to Union files.**