

**CITY OF CHICO – OFFICE OF HUMAN RESOURCES & RISK MANAGEMENT**

**UNION TIME BANK USE AUTHORIZATION FORM**

In accordance with the applicable Memoranda of Understanding, I, \_\_\_\_\_, hereby request authorization to use Union Time Bank hours for the sole purpose of performing or conducting Union business on the days and times below.

- UPEC     SEIU     CPOA     CPSA     IAFF     Local 39

DATE	START TIME	END TIME	TOTAL HOURS

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**UNION APPROVAL**

Use of Union Time Bank hours for the above individual, on the specified dates and times, is hereby approved by the designated Association representative.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT HEAD APPROVAL**

Use of Union Time Bank hours for the above individual, on the specified dates and times, is approved.

Use of Union Time Bank hours is not approved for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Designee (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution:      Department Head      Employee      Finance (attached to timecard)