NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

CSEA CHAPTER #167 CLASSIFIED EMPLOYEE REQUEST FOR RELEASE TIME

A request for release time must be submitted to the Immediate Management Supervisor on this form, normally at least two (2) working days in advance of the date for which the release time is requested. No release time will be permitted if advanced notice is not submitted in accordance with the provisions of Article 5 of the collective bargaining agreement. Employees requesting release time for attendance at committee meetings must provide a schedule of the dates and times of official committee meetings to their Immediate Management Supervisor.

EMPLOYEE NAME: ________________________ DATE REQUEST SUBMITTED: _____________

☐ I AM REQUESTING RELEASE TIME IN MY CAPACITY AS A MEMBER OF THE CSEA CHAPTER #167 EXECUTIVE BOARD FOR THE PURPOSE OF CONDUCTING CHAPTER BUSINESS OR EMPLOYER-EMPLOYEE RELATIONS MATTERS.

INDICATE YOUR OFFICE AS A MEMBER OF THE CSEA CHAPTER #167 EXECUTIVE BOARD:

☐ PRESIDENT ☐ 1ST VP ☐ 2ND VP ☐ TREASURER ☐ RECORDING SECY ☐ CORRESPONDING SECY ☐ PR OFFICER ☐ PAST PRESIDENT

HAS THIS REQUEST FOR RELEASE TIME BEEN AUTHORIZED BY THE CSEA CHAPTER #167 PRESIDENT? ☐ YES ☐ NO

DESCRIBE THE PURPOSE FOR THE RELEASE TIME: __________________________________________

LOCATION OF ACTIVITY: ☐ AC ☐ CC ☐ FC ☐ OTHER __________ Specify

☐ I AM REQUESTING RELEASE TIME IN MY CAPACITY AS A CLASSIFIED REPRESENTATIVE APPOINTED BY CSEA TO A COMMITTEE.

INDICATE YOUR COMMITTEE APPOINTMENT:

☐ DISTRICT BUDGET AND PLANNING COMMITTEE ☐ CAMPUS BUDGET COMMITTEE ☐ CC ☐ FC ☐ SCE
☐ CHANCELLOR’S CABINET ☐ CAMPUS PRESIDENT’S ADVISORY COUNCIL ☐ CC ☐ FC ☐ SCE
☐ DISTRICT DIVERSITY COMMITTEE ☐ CAMPUS DIVERSITY COMMITTEE ☐ CC ☐ FC ☐ SCE
☐ DISTRICT INSURANCE/BENEFITS COMMITTEE ☐ CAMPUS STAFF DEVELOPMENT COMMITTEE ☐ CC ☐ FC ☐ SCE
☐ JOB MEASUREMENT COMMITTEE

☐ HIRING COMMITTEE  (Specify position and location): __________________________________________
☐ OTHER COMMITTEE  (Specify): _________________________________________________________

DATE FOR WHICH RELEASE TIME IS REQUESTED: ___________ APPROXIMATE TIME PERIOD FOR WHICH RELEASE TIME IS REQUESTED: From: ___________ To: ___________

Month/Day/Year

EMPLOYEE SIGNATURE: ________________________ MANAGEMENT SUPERVISOR APPROVAL: ________________________

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