

Little Falls Community Schools

APPLICATION FOR ASSOCIATION LEAVE

Union: _____ Union President/ Chief Steward: _____
Date: _____ School: _____

REQUEST

I _____ Under provisions of Article VI, Section 2, of the Agreement between Independent
Print Name of Member
School District #482 and the _____ Association, I hereby request: _____ hours of Association Leave from:
_____ by the officers and agents of the _____ Association listed below on:
(Start Time) _____ (End Time) _____
Start Date: _____ End Date: _____ For the purpose of: _____

Employee/Union Member: _____ Signature _____
Date: _____

UNION REPRESENTATIVE ACKNOWLEDGMENT

Union understand that such leave is with pay provided, however, that a deduction in the amount established for substitute hourly wage shall be deducted for each hour of such leave taken, or the Association may choose to reimburse the District for the cost of the substitute.

Is pay deduction to be made? YES NO Is Association to reimburse district? YES NO

Signature Union President/Chief Steward _____ Date _____

BUILDING PRINCIPAL ACKNOWLEDGMENT

I acknowledge that the above name employee will be out of the office on the date stated above in this request.

Signature Building Principal _____ Date _____

DISTRICT OFFICE

Signature Chief Operations Officer _____ Date _____

Bill Sent to Business Office YES NO Date: _____