

COUNTY OF SACRAMENTO
REQUEST AND VERIFICATION
OF
TIME OFF FOR EMPLOYEE REPRESENTATION

1. TO: (IMMEDIATE SUPERVISOR'S NAME AND TITLE)

2. FROM: (EMPLOYEE'S NAME AND TITLE)

3. I REQUEST TIME OFF DUTY WITH PAY TO REPRESENT COUNTY EMPLOYEE(S) ON A (CHECK ONE)

GRIEVANCE, OR OTHER MATTER: _____
(DESCRIBE BRIEFLY)

4. DATE TIME, AND PLACE OF MEETING

5. NAME AND TITLE OF MANAGEMENT REPRESENTATIVE WITH WHOM EMPLOYEE WILL MEET:

6. EMPLOYEE'S SIGNATURE

_____ Date: _____

7. ACTION BY IMMEDIATE SUPERVISOR: APPROVED DISAPPROVED

REMARKS:

_____ Date: _____
Immediate Supervisor's Signature

8. VERIFICATION BY MANAGEMENT REPRESENTATIVE WITH WHOM EMPLOYEE MET:

The above named employee met with me as described above:

_____ Date: _____
Management Representative's Signature