

REQUEST FOR RELEASE TIME

EMAIL TO:

1. This form must be completed in its ENTIRETY before submitting to OSSTF/FEESO Provincial Office.
2. Your letter cannot be processed if information has not been entered.
3. **INFORM** your District/Bargaining Unit president of your request prior to sending in this form.

PART A: MEMBER INFORMATION	
First name:	Last name:
Email:	
Bargaining Unit:	
Workplace—(name of your school, resource centre, worksite location, etc.):	

Consult with your Bargaining Unit president and/or collective agreement for the appropriate contact(s), timelines (ie. amount of notice required to be given to your work location and employer) and to whom a copy of the release request letter should be sent.

Check and complete the applicable information:		
<input type="checkbox"/> Principal	Name:	Email:
<input type="checkbox"/> Supervisor	Name:	Email:
<input type="checkbox"/> Other	Name:	Email:

PART B: DISTRICT INFORMATION

Name of school board/employer:

OSSTF/FEESO District number & name:

District president's name:

District president's email:

Bargaining Unit president's name:

Bargaining Unit president's email:

PART C: MEETING INFORMATION

Provide reason why you are requesting the release time (ie. committee meeting, conference, regional, etc.):

Time required for release—check and complete all times/dates needed.

Full day

Date(s):

Half day a.m.

Date(s):

Half day p.m.

Date(s):

FOR OSSTF/FEESO PROVINCIAL OFFICE USE ONLY

Requested by:

Account number:

Date: