Union Steward Leave Request Form
Pursuant to the Governor's Employee Advisory Council (GEAC) Master Agreement

Employee: _____ Pay Period: _____

Date	Time		Total Hours	Signature of Authorizing Employee Organization Representative *(signature must be received within the pay period leave is taken)
	From	To		

***All leave shall be requested in quarter hour increments and shall not exceed 15 hours per month.**

_____ _____ _____ _____

Employee's Signature **Date** **Supervisor's Signature** **Date**