

# AFSCME - Employee Request for Union Activity and Union Time

Agency/Division

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INSTRUCTIONS: Bargaining Unit (BU) Employees, Union Stewards, & Union Officials should please complete this form to request time for approved union activities ("union time").

- Pursuant to the Collective Bargaining Agreement (CBA) the Employee, Union Steward, & Union Official must seek prior approval from their supervisor in order to take union time. The submission of this form is considered seeking prior approval.
- The Employee, Union Steward, & Union Official should provide: date of event, approximate amount of time to be spent, event location, and general purpose of the event.
- The employer may only deny a union time request for operational reasons or if the employee is on overtime status. If the employer denies the request, they must include an explanation for the denial. Each request for union time should be considered on a case-by-case basis and each case should be considered on its own merits. If disapproval necessitates an extension of time for processing a grievance, the time shall be tolled for the duration of the denial until union time is afforded the BU Employee, Union Steward & Union Official to investigate and process the grievance.
- Upon return to work, the Employee, Union Steward, & Union Official will log the actual date(s) and time(s) of the union time taken.

**Employee Name**

|              |              |               |  |                                  |
|--------------|--------------|---------------|--|----------------------------------|
| <b>Last</b>  | <b>First</b> | <b>Middle</b> | <b>Date of Request</b>                 | <b>Date of Union Time Needed</b> |
|              |              |               |  |                                  |
| <b>City:</b> |              |               | <b>Approx. Amt. of Time Requested:</b> |                                  |

**PLEASE MARK AS APPLICABLE:**

|   |  |   |
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| <p><b>Grievances:</b></p> <input type="checkbox"/> Grievance Face to Face (F2F) meeting<br><input type="checkbox"/> Process & Investigate (up to 4 hours) <p><b>Discipline &amp; Appeal Process:</b></p> <input type="checkbox"/> Disciplinary Appeal Prep/Investigation (up to 4 hours)<br><input type="checkbox"/> Disciplinary Appeal Hearing; Representing<br><input type="checkbox"/> Disciplinary Meeting—issuing discipline (LOR, NCA, NFA)<br><input type="checkbox"/> Disciplinary Response Preparation Time (up to 4 hours)<br><input type="checkbox"/> Oral Response Meeting (NCA) <p><b>Meetings Agreed to by the Parties:</b></p> <input type="checkbox"/> Attendance<br><input type="checkbox"/> Negotiating agency policy/bldg. relocations/CBA <p><b>Cross-Agency Representation:</b></p> <input type="checkbox"/> Union Officials only | <p><b>Steward Shadowing</b>—for the purpose of mentoring/training, up to 2 Union Stewards may observe:</p> <input type="checkbox"/> Investigation Interviews<br><input type="checkbox"/> Oral Response Meetings (ORM)<br><input type="checkbox"/> Grievance Face to Face (F2F) meetings <p><b>Investigatory Interview meetings:</b></p> <input type="checkbox"/> Target<br><input type="checkbox"/> Witness<br><input type="checkbox"/> Union Representative <p><b>Committees:</b></p> <input type="checkbox"/> Union assigned member (travel time and attendance) <p><b>Agency Orientation:</b></p> <input type="checkbox"/> Attendance (Steward/Union Official only) | <p><b>Steward Training:</b></p> <input type="checkbox"/> Full Day first year<br><input type="checkbox"/> Half Day annually <p><b>PELRB Hearing:</b></p> <input type="checkbox"/> To investigate (up to 4 hours)<br><input type="checkbox"/> Hearing; grievant & Union representative (duration of hearing) <p><b>LWOP Request:</b></p> <input type="checkbox"/> Written Request <p><b>State Vehicle Use:</b></p> <input type="checkbox"/> Committee/Taskforce<br><input type="checkbox"/> Agency policy/bldg. location/CBA negotiations (Steward/Union Official only) |
|---|--|---|

**Supervisor**

**Employee**

|  |   |
|--|---|
| <input type="checkbox"/> <b>Approved</b><br><input type="checkbox"/> <b>Disapproved (Must provide explanation for disapproval, which may only be for operational reasons)</b> _____<br>_____<br><b>Print Name:</b> _____ <b>Date:</b> _____<br><b>Signature:</b> _____ | Date Left: _____ Time: _____ AM/PM<br>Return Time: _____ AM/PM Total Time Used: _____<br><br><b>Employee Signature:</b> _____ |
|--|---|

**Human Resources Department**

**Union Notification**

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|--|--|
| <p style="text-align: center;"><b>Internal Use</b></p> Total time Used: _____<br>Comments, if any: _____<br><br><b>Signature:</b> _____ <b>Date:</b> _____ | Email Date: _____<br>AFSCME <a href="mailto:Connie@afscmenewmexico.org">Connie@afscmenewmexico.org</a><br>(Union Representative email)<br><br>Comments if any: _____ |
|--|--|