



Bluewater • District 7

Office Professionals & Technicians

RELEASE REQUEST FORM

FOR LOCAL USE ONLY

DO NOT USE THIS FORM TO REQUEST RELEASE FROM OSSTF PROVINCIAL

NAME: _____

Date(s): _____

Time Required:

½ Day Morning

½ Day Afternoon

Full Day

Purpose: _____

If release is for provincial event you must fill out the OSSTF Release Request form and submit it to OSSTF as per the instructions for Release for the Provincial Event.

Internal Use Only

Authorized by: _____

Budget line: _____

EASR # _____

Date Entered: _____

Release Billed to:

OPT

District

Provincial