OSSTF/FEESO **PLEASE PRINT & COMPLETE IN FULL**

Request for Release Time

1. **This form MUST be completed in its ENTIRETY before being processed.**
2. **Your District/Bargaining Unit President MUST be informed of your request prior to submitting.**

Part A: Member Information

First Name: _____ Surname: _____

Email: _____

Workplace – (name of your school, resource centre, work site location, etc.):

_____

Workplace Telephone: _____

Bargaining Unit: _____

Copy of Letter to go to:

☐ Principal _____ _____
Name Email

☐ Supervisor _____ _____
Name Email

Part B: District Information

Name of School Board / Employer: _____

OSSTF/FEESO District Name: _____

District President's Name: _____

District President's Email: _____

Bargaining Unit President's Name: _____

Bargaining Unit President's Email: _____

Part C: Meeting Information

Purpose of Leave: _____

Date(s) Required: _____

Circle Amount of Time Required: Full Day Half Day a.m. Half Day p.m.

FOR OSSTF/FEESO PROVINCIAL OFFICE USE ONLY

Requested by: _____ Charge to Account Number: _____

Date submitted: _____