APPENDIX H

El Camino Community College District Classified Unit Employees Release Time Authorization Form

This form must be completed by the employee and authorized by the appropriate manager or ECCE officer and a copy will be retained by the immediate supervisor before an employee leaves work on release time.

To:		
Date:	Immediate Supervisor/Manager	
Subjec	ct: Release Time – With or Without Pay	
For:		
	Employee Name	
Releas	se time is requested for the following activities with or without pay:	
Superv	visor/Manager Authorizing Signature Date	
Distric	ct	
	Attend Board of Trustees Meeting (Designee of ECCE w/pay) Attend District/ECCE Negotiations Meeting (w/pay) Attend Disciplinary Meetings (w/pay) Attend District Sponsored Events (specify: w/pay or w/o pay Attend District Committee Meetings and perform committee assignments as committee chairperson. This applies to designated committee appointees or	s authorized by
П		
	Other (Please Specify)	
Union	Attend Annual ECCE Conference and related events (w/pay) Attend Grievance Processing Meeting (w/pay) Grievance Research (w/pay) President	
Author	rized ECCE Signature Date	
Date:		
	(Approx.) From to	
Location	on:	
Humar	n Resources Administrator Date	