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

To: _____
Immediate Supervisor/Manager

Date: _____

Subject: **Release Time – With or Without Pay**

For: _____
Employee Name

Release time is requested for the following activities with or without pay:

_____ _____
Supervisor/Manager Authorizing Signature Date

District

- ❑ 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 authorized by committee chairperson. This applies to designated committee appointees only (w/pay)

❑ _____
Committee Name

❑ Other (Please Specify) _____

Union

- ❑ Attend Annual ECCE Conference and related events (w/pay)
- ❑ Attend Grievance Processing Meeting (w/pay)
- ❑ Grievance Research (w/pay)
- ❑ President

_____ _____
Authorized ECCE Signature Date

Date: _____
Time (Approx.) From_____ to _____
Location: _____

_____ _____
Human Resources Administrator Date