

## Request for Release Time Form

Please read carefully.

1. Complete and sign the form
2. **3 Weeks Prior** to the Date of Your Release Time
  - a. Check with your worksite Administrator and/or Department Supervisor three [3] weeks prior to the date of your Release Time, to be sure your request is approved.
3. **2 Weeks Prior** to the Date of Your Release Time
  - a. After securing the approval from your worksite Administrator and/or Department Supervisor, submit the completed form to:

OEA Salem Field Office  
2540 Coral Avenue NE  
Salem, OR 97305-7038  
ATTN: ASK ESP President

<b>Name:</b> _____	
<b>Position:</b> _____	
<b>Worksite Location:</b> _____	
<b>Date[s] of Release Time</b> month/day/year	<b>Hour[s] of Release Time</b> <input type="checkbox"/> Full-Day <input type="checkbox"/> Half-Day <input type="checkbox"/> Other
_____	_____
_____	_____
_____	_____
_____	<b>Total Hours</b> _____
<b>Reason for Release Time:</b> _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ / _____	
Administrator/Department Supervisor	Date
_____	_____
Member Signature	Date

-Updated: October 9, 2015

For Office Use: Payment for Release Time to be provided by:  ASK ESP  OEA  NEA  Other