LOCAL 6000 UAW ANNUAL LEAVE BUY BACK REQUEST

NAME:_____ ID#_____

ADDRESS:_____ DEPARTMENT/AGENCY:_____

CITY/ZIP:_____ HOME PHONE:(____)_____WORK #:(____)_____

Beginning Date (MO/DA/YR)	Beginning Time (AM/PM)	Ending Date (MO/DA/YR)	Ending Time (AM/PM)	DAILY TOTAL HOURS	PURPOSE/FUNCTION (Please give a detailed description of what the time was used for.)

TOTAL HOURS [ ]

YOU MUST SUBMIT THE FOLLOWING INFORMATION TO INITIATE PROCESSING OF YOUR REQUEST:

1. **COPY OF YOUR COMPLETED/SIGNED TIME AND ATTENDANCE REPORT FOR THE DATE REQUESTED OR COPY OF YOUR APPROVED/SIGNED ANNUAL LEAVE REQUEST FORM.**
2. **COPY OF YOUR PAY STUB SHOWING TAXES AND DEDUCTIONS FOR THE DATE(S) THAT YOU USED ANNUAL LEAVE.**

Please attach a copy of your authorization from Local 6000 to expedite processing (i.e., authorization to attend CAP functions).

For tracking purposes, please indicate below, who gave verbal/written approval for this time:

_____

I affirm that this report reflects actual hours used for prior approved UAW Local 6000 business.

_____
Member's Signature

Local 6000 Approval:

_____ _____
President Date

_____ _____
Recording Secretary Date

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