



Human Resources
Labor and Employee Relations
Administration & Finance Division
University of Cincinnati
PO Box 210039
Cincinnati, OH 45221-0039

Phone (513) 556-6381
Fax (513) 556-9652

UNION BUSINESS REPORT

A copy of this form must be forwarded to the Employee and Labor Relations Department at ML 0039.

Employee Name: _____ Date: _____

Nature of Union Business (check all that apply)

- Administrative Hearing, Contract Negotiations, Grievance Investigation, Grievance Hearing, LMC Meeting, Other (specify):, Training

Employee Signature: _____ Date: _____

Signature of Approval:

Supervisor Signature: _____ Date: _____

If absence is for grievance investigation/representation:

Name of Aggrieved Employee: _____
Name of Aggrieved employee's Supervisor: _____
Destination: _____
Requested Time of Departure: _____
Estimated Time of Return: _____

Confirmation:

Actual Time Spent on Union Business: _____

Employee Signature: _____ Date: _____

Verification:

Supervisor Signature: _____ Date: _____

- Please refer to the appropriate union contract for specific provisions that govern use of time spent performing union business.
The employee must receive approval prior to absence from their job for union business.
The supervisor is responsible for verification and tracking of time actually spent performing union business. Time may be tracked in Kronos by entering the code UPD for paid leave.

