UAW LOCAL 6000 BUY BACK LEAVE (BBL1) REQUEST

Name: _____ **Employee ID#** _____ **/ Confirmation #**_____ **/ Steward District #**_____

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. **YOU MUST HAVE PRIOR APPROVAL FROM LOCAL 6000 (Confirmation Number) AND COMPLETED/APPROVED SIGNED BBL1 LEAVE REQUEST FORM.**
2. **COPY OF YOUR COMPLETED/SIGNED TIMESHEET REPORT FOR THE DATE REQUESTED.**
3. **COPY OF YOUR PAY STUB SHOWING TAXES AND DEDUCTIONS FOR THE DATE(S) THAT YOU USED BBL1 LEAVE.**
4. **YOU MUST HAVE PRIOR APPROVAL FROM YOUR SUPERVISOR BEFORE LEAVING YOUR WORK ASSIGNMENT.**

For tracking purposes, please indicate below the Local 6000 staff's name who gave verbal/written approval for this time:

EMMA JACKSON

Local 6000 Approval:

_____ _____
President Date

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

_____ _____ _____
Member's Signature Recording Secretary Date