

United Airlines Union Business Tracking

International Association Of Machinists and Aerospace Workers

This form is required to account for time spent on Union business by IAM employees, and must be retained for Division accounting of Union time.

Please select type of business: Union Contrac	t Work, Disti	rict, or Loca	al Lodge Ti	me						
☐ Union Contract Work (Reference Busin	ess Tracking	chart for fu	urther guid	ance)						
☐ District Lodge Business (Negotiations,	Arbitration a	and District	Lodge req	uested acti	vity)					
☐ Local Lodge Business (Time requested that is Local Lodge generated work duapproved training)	is at manage	ement discr	etion for a	ny activity						
Employee ID of Employee Requesting Union 1	Time:									
Print employee name:	Personal phone:									
Co. address:										
Type of activity (Description of activities dur	ing Union tin	ne away fro	om work di	uties includ	ing nam	es of parti	cipants):			
Date and time request submitted:		D	ate for whi	ch Time Re	quested	:				
Time from: To: Total amount of time:										
NOTE: Day all Union time at Straight Time only Do	not nav anv H	nion time as	Overtime							
NOTE: Pay all Union time at Straight Time only. <u>Do not</u> pay any Union time as Overtime. Date logged into tracking systems: By Whom:						Reason co	ıde.			
Dy WIOIII.						Reason co	uc			
Use these codes to complete the table to the right.										
Code Union Business Reason		Date	Hours	Reason Code		Date	Hours	Reason Code		
1 Union Contract Work	Sun				Sun					
2 IAM District Lodge Work	Mon				Mon					
3 IAM Local Lodge Work	Tue				Tue					
Charge to the following accounts depending on whether it is District or Local Business:	Wed				Wed					
	Thu				Thu					
Union contract work (Category 1): 5857563010	Fri				Fri					
District lodge business (Category2): 6107743010 Local lodge business (Category 3): 5857560370	Sat				Sat					
Estal loage sessions (eategoly 3), estal load	<u> </u>				•		Total hours:			
Employee signature:						Date: _	Date:			
Print Employee signature:						Date:	_ Date:			
Local/District lodge Authorization:						Date:	Date:			
A signature on this form of an IAM representative authorizes	United Airlines t	o charge the IA	AM for the am	ount of time sp	ecified abo	ve.				
Company authorizer:						Date:	Date:			