

USE OF ASSOCIATION DAYS

TIPPA Employees

To: Superintendent

I hereby request a TOTAL of _____ Association hours be granted for the _____ school year.
_____ Association hours have been used to date. The following Association date(s) & hours(s) are
being requested:

NAMES -	DATES -	HOURS -
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Association President

Date

The Association day conditions are listed in Section 9.13 of the current Master Agreement. They are: Up to forty (40) hours per year for use by officers or agents of the Association to conduct the business of the Association. Use of such days shall be:

- (1) Designated by the Association President to the Superintendent 48 hours in advance unless emergency conditions preclude such notice.
- (2) Not more than two (2) members shall be released on any day under the provisions of the contract.
- (3) Used in time increments of not less than thirty (30) minutes provided a substitute is not required. Should a substitute be required, the minimum time increment shall be two and one-half (2 1/2) hours.

_____ The above requested Association hour(s) approved.

_____ The above requested Association hours(s) disapproved for the following

reasons: _____

Signature of Superintendent

Date

Distribution: Applicant Payroll
 Superintendent Personnel File
 Asst. Supt. TIPPA President
 Principal/Supvr