**Member Release Time Process**

**for Local Planning Grant & Local Site Visit Grant Recipients**

Release Time Reimbursement Process:

1. Your local association is responsible for requesting release time with the district. Below is a sample release time request cover letter and form, if needed. Highlighted fields should be updated with your local chapter information.
2. When the District sends the release time invoice to your local association, you can process it in one of two ways:
	1. The local chapter pays the invoice with the district and then submits the paid invoice through the grant reimbursement process with other required documents. The CTA grant program will reimburse the local association for this paid invoice.

OR

* 1. The local chapter submits the unpaid invoice through the grant reimbursement process with other required documents. The CTA grant program will pay the invoice directly to the district.
1. Fill out the appropriate Grant Reimbursement Form found at <https://www.cta.org/orgplan> and provide the documentation listed on the form.

**[SAMPLE]**

**MEMBER RELEASE TIME COVER LETTER**

[DATE]

[District Release Time Contact Name]

[District Release Time Contact Title]

[District Address]

Subject: Release Time Request

Dear Mr./s. [Contact Name],

The [LOCAL CHAPTER NAME] request the release of [MEMBER NAME] from work duties on [DATE] to participate in Union duties.

[LOCAL CHAPTER NAME] will reimburse the district upon receipt of an invoice sent to: [LOCAL CHAPTER ADDRESS]. Please attach a copy of this letter to your invoice when submitting for payment.

Sincerely,

[LOCAL CHAPTER CONTACT NAME & SIGNATURE]

cc: [Member Name]

**[SAMPLE]**

**MEMBER RELEASE TIME REQUEST FORM**

The [INSERT LOCAL CHAPTER NAME] will reimburse the district for member substitution upon receipt of an invoice sent to the [INSERT NAME AND ADDRESS OF LOCAL CHAPTER] or sent via email to [INSERT CHAPTER EMAIL]. A copy of this member release time request must be attached to the district’s invoice in order to process payment. If you have any questions, please contact the listed Union Contact Person below.

|  |  |
| --- | --- |
|  | **\*\*\*THIS FORM IS FOR UNION OFFICE USE ONLY\*\*\*** |
|  |  |
|  |  |
| [LOCAL CHAPTER] requests the release of: |  |
|  | Member’s First and Last Name |
| To be released on: |  |
|  | Date(s) of Release |
| Reason for release time: |  |
|  | Activity (ex: Local Planning Meeting or Site Visits) |
|  |  |
| [LOCAL CHAPTER] Contact Person: |  |
|  | Contact’s First and Last Name |
|  |  |
|  | Title |
|  |  |
|  | Phone Number |
| [LOCAL CHAPTER] Approval: |  |
|  | Signature |

|  |  |  |
| --- | --- | --- |
| Release time request sent to: |  | Copy sent to:  |
|  |  |  |
| District Name |  | Member’s First and Last Name |
|  |  |  |
| Name and Title of District Contact Person |  | Email Address |
|  |  |  |
| Email Address |  | Union Email Address |