



**Union Business
Authorization Form
For IAM Fleet**

Name: _____ Employee Number _____
City _____ Dept. _____ Classification _____
Date of Request _____ Shift _____

Day	Date	Hours	District/Local	Explanation of Union Business
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

*Note: If requesting Company Business please specify above.

The Company has the right to approve or deny this request based on the needs of service.

Employee Signature _____ Date _____
Contact Phone _____ Contact Fax _____

The IAMAW authorizes US Airways to invoice the Local or District Lodge listed above for the hours requested.

Local Lodge Authorization: (Print) _____

Signature _____ Date: _____

District Lodge Authorization: (Print) _____

Signature _____ Date: _____

For Company Use:

Approved _____

Denied _____

Manager (Print): _____

Signature: _____ Date: _____