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105-12-89

Date: May 12, 1989
To: VARIOUS
From: INDUSTRIAL RELATIONS
Subject: Requests for Union Time Off

File #:

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REGIONAL AND BUSINESS UNIT VICE PRESIDENTS:

A recent incident involving IBEW's request for employees being granted time off to attend PUC hearings has brought to our attention the need for you to communicate to your managers the importance of Company's cooperation in releasing employees for Union time off.

The Labor Agreement provides for the granting of time off for bargaining unit employees to assist the Union in conducting its business. It has been, and continues to be, the Company's policy to cooperate with the Union in granting this time off. However, there will be times when these rights cannot be granted, notwithstanding how much advance notice is given by the Union in making its request. For example, when operational needs are such that the Company's obligation of providing continuous rendition and availability of service are in jeopardy. In such cases, the Company may decline to release employees. The amount of notice given by the Union should not in itself be the factor for declining their requests for time off.

RICHARD B. BRADFORD

DMSpingola(223-3420):sc

cc: Reg. H.R. & Bus. Unit Mgrs.

LEAVE OF ABSENCE APPLICATION AND AGREEMENT

A. INDICATE TYPE OF LEAVE:

- MEDICAL—Complete Sections B, C, D and E below.
- MILITARY—Complete Sections B, C and E below.

- PERSONAL—Specify Reason: _____
—Complete Sections B, C and E below.
- UNION—Complete Sections B, C and E below.

B. EMPLOYEE DATA:

Name of Applicant (Type or Print) Patrick M. Haentjens		Social Security No. ██████████-7441
Classification Traveling Electrician	Div./Dept. G.O. VP Nclr Pwr Gen	
Company Mailing Address P. O. Box 4790, Walnut Creek 94596	Home Mailing Address	

C. CONDITIONS OF LEAVE:

Duration of Leave: From 12/29/87 To 6/29/90	Previous Leave Ending Date (If Any): 12/28/87
Date of Previous Leave (If Extension): From 6/29/87 To 12/28/87	Date of Previous Leave (If Extension): From _____ To _____

I agree to all the conditions stated below to maintain my status as a regular employee:

1. The leave is without pay.
2. It is not intended for a purpose which may lead to my resignation.
3. I will not accept other employment or engage in business while on leave, except with specific authorization in cases of Educational Leaves.
4. I will not apply for unemployment benefits while on leave.
5. I may be required to submit a new form, at appropriate intervals, reconfirming the fact that I continue to be physically unable to return to work.
6. The Company also reserves the right to have me examined by a Company panel physician to clarify the nature and extent of my medical condition.
7. A Military Leave is in accordance with the provisions of an act of Congress.
8. A Leave for Union Business is in accordance with the provisions of a collective bargaining agreement.

10. Other I (DO) (~~DO NOT~~) WISH TO CONTINUE MY GROUP LIFE INSURANCE.

Signature of Applicant <i>Patrick M. Haentjens</i>	Date 12/29/87
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D. MEDICAL INFORMATION

Instructions to Employee Applying for Medical Leave of Absence

1. Release of medical information:
I authorize the Medical Doctor to discuss any data outlined below with the Company (Employee's Signature) _____ Date _____

2. Have the following information completed by your physician and returned to your supervisor at the time you are requesting time off due to illness or disability for an extended period of time.

Describe nature of illness or reason for disability: _____
Describe treatment relating to identified illness or disability: _____

Initial date patient (will be/was) incapable of performing regular job duties _____

Date patient is expected to be able to resume regular job duties _____

Date patient is expected to be able to perform modified duties—(specify) _____

(In maternity cases also show date termination of pregnancy is expected) _____

I hereby certify that the above statements, in my opinion, describe the subject patient's disability and the estimated duration thereof.

Signature of Attending Physician	Date
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Print or Type Doctor's Name	Address
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Return this form to:

E. Authorization

Approved by (Supervisor):	Concur:	Approved by (Personnel Rep.):	Authorized by: <i>R. B. Brac...</i>
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