



Local 740 Glaziers PTO Request Form

Today's Date:

Member first & last name:

Last four digits of social security number:

Date(s) & time(s) requested:

Number of hours/days requested:

Current employer:

Lead man/Office contact person
and their phone number:

Your phone number:

Your email:

Union Representative Signature (Michael James)

Please make sure to return this form asap either in person at the local union hall, e-mail or via postal mail.

Mailing address: 11105 NE Sandy Blvd. Portland, OR 97220 / Open M-F 8am-5pm.

Mike James e-mail: mikej@iupatdc5.org

Shelby Lee e-mail: slee@iupatdc5.org

Questions? Call: 503-255-3920