

**EXHIBIT B
TIME SPENT FOR UNION ACTIVITY OR GRIEVANCE HANDLING
AMHA FORM**

**TIME SPENT FOR UNION ACTIVITY OR GRIEVANCE HANDLING
AMHA FORM**

Date: _____	Shift: _____
Union Representative: _____	
Name	Department
Union Activity/Grievance: _____	

Left at: _____	Returned at: _____
Total Hours: _____	
Signatures: _____	
Union Representative	

Forman	
NOTE: Original copy to be attached to time card. Duplicate copy to be retained by Union Representative.	