



## Employers Release

In order to reduce course cancellations, please give this form to your employer to obtain permission prior to sending your course application form. If due to time limitations this cannot be done send your completed application form and return this form as soon as you can, wherever possible obtain verbal confirmation until the form is signed. Forms can be posted or emailed directly to the education department.

COURSE TITLE: \_\_\_\_\_

DATE(S) OF COURSE: \_\_\_\_\_

VENUE: \_\_\_\_\_

REPRESENTATIVES NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**\*It is/it is not (*\*please delete*) our intention to grant paid release from work for the above representative to attend the above course.**

Signed on behalf of the Employer: \_\_\_\_\_

Please print name: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

**Your attention is drawn to the legal rights that Trade Union Representatives have to attend Training Courses with pay (ACAS Code of Practice – “Time Off for Trade Union Duties and Activities”).**

If you are unwilling to grant paid release in respect of this request, please complete the section below. You are advised that we may take further action to secure paid release from work in respect of this request if we feel it necessary.

Paid release will not be granted on this occasion because:

\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this form. Please return to the Education Department  
GMB Scotland Fountain House, 1/3 Woodside Crescent, Glasgow G3 7UJ. Email: Sandra.Gray@gmb.org.uk