



UNIFORMED EMERGENCY MEDICAL SERVICE OFFICERS UNION

Local 3621, DC-37, AFSCME, AFL-CIO

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Alison D'Angelone

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If the department reduced your annual leave please fill out this form and fax it back to the Union office. 718-371-0318

Print Rank & Name: _____

Contact # _____

ODA: _____

Reference #: _____

Station: _____

How much annual leave was taken? _____

Does your time leave display a negative balance? Y N

If Yes how much in the negative? _____

If you have annual leave scheduled for October, what date? _____

If you have annual leave scheduled for November, what date? _____

Our research and legal department are working to resolve this issue.
We will update the membership once we receive more information.
You may also check our website www.uemso.co for updates.