



## Contract Card Request Form

**Requested by:**

**Your Local/Unit Name:**

**CSEA Local/Unit #:**

**Your Local Officers are:**

Name

office held

phone number

### Negotiated Benefits

#### PAID TIME OFF

**Paid Vacation Leave:**

**Paid Sick Leave:**

**Paid Family/Bereavement Leave:**

**Paid Personal Leave:**

**Negotiated Benefits (continued)**

**Paid Holidays: (check which apply)**

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> New Year's Day         | <input type="checkbox"/> Washington's Birthday | <input type="checkbox"/> Independence Day | <input type="checkbox"/> Election Day |
| <input type="checkbox"/> Martin Luther King Jr. | <input type="checkbox"/> Memorial Day          | <input type="checkbox"/> Labor Day        | <input type="checkbox"/> Veterans Day |
| <input type="checkbox"/> Lincoln's Birthday     | <input type="checkbox"/> Juneteenth            | <input type="checkbox"/> Columbus Day     | <input type="checkbox"/> Thanksgiving |
|   |  |   | <input type="checkbox"/> Christmas    |

Others, not listed:

**OVERTIME:**

**RETIREMENT SECURITY:**

**HEALTH INSURANCE:**

**PAY RAISES:**

**HEALTH & SAFETY:**

**JOB SECURITY:** (You have union provided legal representation and guaranteed due process rights in the event you are called in for questioning for any reason)

**OTHER:** *(Please note heading and description)*