



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)*