SUPPLEMENTAL NOTICE No. 5

TWU LOCAL 100, ELECTION 2021
CAMPAIGNING ON EMPLOYER PAID TIME

Rule VI(E)(5) bars campaigning during time paid for by the Local Union or by any employer. Campaigning includes all election-related activity on behalf of a candidate or slate. The Rule prohibits campaigning while out on sick leave, disability, or Worker’s Compensation during an employee’s regular tour of duty, even if the illness or disability would not preclude campaigning. For example, a bus driver with a broken arm cannot campaign during his/her work hours, even though a broken arm would not preclude such campaigning. One purpose of this rule is to ensure that someone out on paid leave does not have an advantage over an actively employed member.

The rule states: “If a candidate or any other member who wishes to campaign is on paid sick leave, FMLA leave, Workers’ Compensation leave, disability leave, or is in paid no-work status, they must notify the Elections Committee and the Neutral Monitor, in writing, prior to campaigning, setting forth his or her regular tour of duty.” This report should be filed even if the employee plans to campaign during off-duty hours, so that disputes that may arise when someone on paid leave campaigns can be more easily resolved. So far no candidate has filed such a report, even though campaigning during paid leave has been reported. The form to use for such a report is below or you can email the Elections Committee and the Neutral Monitor with the required information.
PAID LEAVE CAMPAIGNING FORM

Name_________________________  Pass No.__________

Title/Department/Employer _________________________

I am on the following paid leave from (date) __________ until (date) _____________:

___ paid sick leave
___ Workers’ Compensation leave
___ paid FMLA leave
___ paid NWA
___ paid disability leave
___ other paid no-work status

My regular shift is (time) ________ until __________.

I understand that I may not campaign during my regular shift while on paid leave.

Signature_________________________   Date_________