

UNION/EMPLOYEE OFFICIAL TIME PERMIT				DATE
NAME AND OFFICIAL TITLE <i>(Typed or Printed)</i>		DUTY PHONE		ORGN SYMBOL
THE ABOVE NAMED EMPLOYEE IS AUTHORIZED OFFICIAL TIME TO GO TO _____ <div style="text-align: right;">BUILDING/ORGANIZATION</div> FOR THE FOLLOWING PURPOSE				
SIGNATURE OF AUTHORIZING OFFICIAL		DUTY PHONE		ORGN SYMBOL
AMOUNT OF OFFICIAL TIME AUTHORIZED		TIME	SUPERVISOR'S INITIALS	AMOUNT OF OFFICIAL TIME USED
	LEFT WORK			
	RETURNED			
REMARKS				

AFMC FORM 949, NOV 92 (EF-V1) REPLACES AFLC FORM 949, MAR 79 WHICH IS OBSOLETE COPY TO UNION REPRESENTATIVE

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