



OPEIU LOCAL 6 STEWARD ACTIVITY REPORT

STEWARD: _____ **DATE:** _____

LOCATION: _____ **SHIFT** _____

BUSINESS AGENT: _____

EMPLOYEE NAME: _____

SENIORITY DATE: _____ **DEPT. NAME:** _____

JOB CLASSIFICATION: _____ **GRADE:** _____

TELEPHONE #: _____ **EMAIL:** _____

SUPERVISOR'S NAME: _____ **TELEPHONE #** _____

SUPERVISOR'S EMAIL: _____

EMPLOYEE'S COMPLAINT, PROBLEM, REQUEST: _____

ACTION TAKEN BY STEWARD: _____

STEWARD RECOMMENDATION TO FILE A GRIEVANCE: YES _____ **NO** _____

(SIGNED) STEWARD OPEIU LOCAL 6



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