

Receiving Person: _____
 Received Date: _____
 Steward of Record: _____



By completing and signing this form, I understand that I designate NTEU to be my representative and to obtain all necessary information on my behalf regarding the matter cited herein. (For assistance with completing this form, call (737) 800-7272

Note: The information you provide on this document will help your steward understand your issue(s). Please be brief and complete all sections thoroughly.

Name: _____ SEID _____

Personal email: _____ Home/ Cell: _____

Probation Permanent, Seasonal Furlough WEEKENDS Temp./ Term.

Do you have any Special Needs? NO YES, optional: _____

NTEU Member? YES NO Are you on a detail? YES NO

- Appraisal Tax Compliance UNAX AWARD Leave
 Conduct **Letter** Overtime denied HGD TIGTA Favoritism
 ADA Violation Harassment/Bullying Job Promotion
 LWOP/ AWOL Other _____

Describe briefly (Draft a short summary.)

Date of Incident _____ 15 days later _____

5 USC 7114 (b) (4) REQUIREMENTS

I, _____, designate NTEU and any Chapter 72 representative, in accordance with 5 USC 7114 (b) (4) and Article 7 of the 2016 National Agreement, to access and procure copies of my EPF, drop file, OPF and associated records.

With my signature, I authorize NTEU and any representative thereof to access and secure copies of any personal information maintained by the employer, which may be required by my representative.

Employee Signature: _____ **Date:** _____

Work area: _____ Job Title: _____ TOD: _____
Supervisor Name: _____ **Sup. #:** _____

SIGN and forward to: membersfirst@yahoo.com. SIGN and fax to (737) 800-4737.

Office Use Only
 Steward of Record:
 Grievance #: