



INFORMATION REQUEST FORM

Name of Member(s): _____ Job Classification: _____

Name of Group (if applicable): _____

Name of Agency: _____ Work Location: _____

Name of Supervisor: _____ Date Filed: _____

Filed with: (If other than supervisor) _____

Steward for this Information Request: _____

Name

Work Phone

Steward's Home Address: _____

Street

City

Zip

As a Steward representing the member above, I am requesting the information listed below. This is information necessary for the union's investigation:

- Personnel file
- Payroll Records for _____
- Time Clock Records from _____ to _____
- Injury Reports
- Copies of any notes, statements, or documents used or written as part of any investigation
- Copies of any supervisor's file that exists on this member
- Witness Statements
- Any other documents related to _____
- Other information

This information should be provided to the Steward as soon as possible, but no later than the end of the day on _____.

Signature of Steward: _____ Date: _____