

Union of Public Sector Employees Steward Fact Sheet

Employee Name: _____ Date: _____

Employee Address: _____

Employee Phone: (home) _____ (cell) _____

Local # _____ Employer: _____

Supervisor: _____ Job Classification _____

P F/T P P/T Casual Temporary Other _____

Employee's Signature / Date: _____

Stewards Signature / _____

Date: _____

Labour Relations Officer / Date: _____



ALWAYS SEND THIS ORIGINAL SHEET INTO THE UPSE OFFICE AS SOON AS POSSIBLE

Lined writing area consisting of 30 horizontal lines.