



Worksite Meeting

Worksite: _____

Topic: _____

Guest Speaker: _____

Print Name

Signature

Date: _____ Time: _____ Place: _____

Employees attending meeting: (If additional room is needed please sign on back)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bldg. Reps, Alt. Reps and Exec. Brd. Mbrs. sponsoring and attending the meeting:

_____	_____	BR	Alt. Rep.	Exec. Brd.
Print Name	Signature			
_____	_____	BR	Alt. Rep.	Exec. Brd.
Print Name	Signature			
_____	_____	BR	Alt. Rep.	Exec. Brd.
Print Name	Signature			
_____	_____	BR	Alt. Rep.	Exec. Brd.
Print Name	Signature			
_____	_____	BR	Alt. Rep.	Exec. Brd.
Print Name	Signature			
_____	_____	BR	Alt. Rep.	Exec. Brd.
Print Name	Signature			

Important Reminders:

- Retain a copy of this form for your records.
- Send this form (original) to the USEP office within 2 weeks of meeting date.
- Be sure USEP President or staff, AIG Valic, Liberty Mutual or California Casualty representatives have signed in.