

AFGE Local 2449



| DATE: | Request for Union Support | | | | | | | | |
|---|---|--|---------------|--------------------|-----------------------------|--|--|--|--|
| Name of Employee: | LAST | | FIRST | | | | | | |
| Job Title: | Organizati | Organization: e.g. J/D Code Location: e.g. HQC, 4534 | | | | | | | |
| How should we contact yo | ou? | | | | | | | | |
| Work Phone: | Extension: | Is it ok to leave | a message o | n Work Phone? | ○ Yes ○ No | | | | |
| Personal Phone: | | Is it ok to leave a r | message on P | ersonal Phone? | ○Yes ○No | | | | |
| Work Email: | | Personal Email: | | | | | | | |
| What is your Issue or Co (Please briefly describe yo | oncern?*** pur issue. If you have more th | ian one issue, please co | omplete a sep | arate form for ead | ch issue.) | | | | |
| **Is there a Suspense Da | | If yes, Suspense Date: | , | | | | | | |
| - | ate if there is a pending action | | | imand, etc.) | | | | | |
| Have you discussed this | issue with your superviso | ar2 (Ves (No | | | | | | | |
| Supervisor's Name: | LAST | | | FIRST | | | | | |
| | | upervisor's Work Phone | e: | | ension: | | | | |
| Please indicate the date you answered yes), OR, | Supervisor regarding this e and time of the meeting , the scheduled date and t neduled | (if Date: [| o 🔿 No, but | Time: Use the 24-h | our Clock, | | | | |
| if there is a meeting sch | | | | | our Clock, PM enter 1430 | | | | |

Please be preparded to provide copies of documentation to this Local, if requested, in order to assist you.

AFGE Local 2449 Request for Union Support (Continued)

| (i.e. other than your first-line/dire | | it in your Chain of Comr | nand? () res () No | 0 |
|---------------------------------------|----------------------------|---|-----------------------|------------|
| If yes, identify who and when: | NAME | | Date: | |
| Have you discussed this with anyo | one else in Managemen | t of another organization | on (e.g. HR or EEO)? | ○Yes ○No |
| If yes, identify who and when: | NAME | | Date: | |
| Do you have any past history of a | ctions? | If yes, please provide describe the final out | • | |
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| What remedies are you seeking? | | | | |
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| Are you asking for this Local to su | pport and assist you wi | th this issue? OYes | No | |
| If yes, what specifically are you as | sking this Local to assist | with? | | |
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| | | | | |
| Are you a member of this Local? | | | | |
| ○Yes ○No | | s Local if you have register ne represented bargaining | | |
| Do you know what rights the barg | gainnig unit has through | representation by this | Local? OYes | No Some |
| Do you know the benefits of bein | g a Union member? | Yes ONo Some W | ould you like to join | ? ○Yes ○N |
| | | | | |
| Signature: | DATE | :: | (click here | to) Submit |