

AFSCME EMPLOYEE REQUEST UNIVERSITY OF MICHIGAN FOR CHIEF STEWARD



Employee/District Stewar contacts Campus Staff HR						immediate supervisor who then	
Employee Last Name:			ne:			Middle Name:	
UMID:	IID: Job Title:			Name of District S		eward:	
Employee's Work Schedule:							
STEP ONE Problem So	olving Meeting [Date					
Supervisor's Name:			Department:				
Supervisor's Signature:					Date Received:		
Employee's Signature:					Date Signed:		
	ief Steward for t	he prob	olem sol	ving meeting	g of a potential g	they speak to Campus Staff grievance. The supervisor s indicated below:	
Chief Steward's Name:			Date:			Time:	
ocation: Requesting Department:				Department:			
Name of Department Head or D	esignated Representa	ative:					
If for some reason the Campus Staff HR at 64		annot a	attend t	his meeting,	the Chief Stewa	ard will notify	

Available at: http://www.hr.umich.edu/hrris/forms/pdfs/afscmereq.pdf

Copy to:

Employee

Employee's Supervisor