

Local 195

International Federation of Professional & Technical Engineers

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OFFICIAL STEWARD DESIGNATION FORM

Please print neatly and complete all information.

NAME OF EMPLOYEE:	
DEPARTMENT:	
JOB TITLE	
UNIT (OMSC/I&S):	
PAYROLL CODE/WORK LOCATION:	
L NEW OR REDUCENCE STEWARD	
NEW OR REPLACING STEWARD:	
ADDRESS:	
HOME PHONE NUMBER:	
WORK PHONE NUMBER:	
CELL/OTHER	
EMAIL ADDRESS:	
Chapter President Signature:	Date:
Chapter Name:	
LOCAL OFFICE USE ONLY	
Approved By:	Date Approved: