

### **Local 195, IFPTE Steward Designation Request Procedure**

- Send a letter to the President requesting for a member to be designated as a shop steward.
- The letter can be sent via:

Email: local195@local195.org

Fax: 732-247-2474

U.S. Mail: Local 195, IFPTE, 186 N. Main Street, Milltown, NJ 08850

- A sample of a letter is attached as an example of what the letter should say. Feel free to use the sample letter. Fill in the information requested and send it to the President.
- A shop steward designation form should accompany your letter. Please be sure the address, contact number and email address are correct and up-to-date. (see attached Official Steward Designation Form)
- Upon approval of request, an official designation will be sent to the Governor's Office of Employee Relations for processing, a copy to the chapter president and a letter of congratulations along with the official designation will be sent to the new steward.
- The new steward will be placed on a steward training list and will be notified of their training date.

Date: \_\_\_\_\_

To: Local 195, IFPTE  
186 North Main Street  
Milltown, NJ 08850

Re: Steward Designation Request

Dear Local 195 President:

I \_\_\_\_\_, Chapter President of the \_\_\_\_\_ Chapter,  
*Print full name* *Print Chapter Name*

would like to request that \_\_\_\_\_ be designated as a shop  
*Name of Designee*

steward for the \_\_\_\_\_ Chapter.

Thank you for your consideration.

Fraternally,

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Chapter*

\_\_\_\_\_  
*Date*



# Local 195

## International Federation of Professional & Technical Engineers

186 North Main Street, Milltown, NJ 08850 (732) 247-0350 Fax (732) 247-2474  
www.local195.org / Email: local195@local195.org  
www.facebook.com/local195ifpte

### 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: \_\_\_\_\_

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: \_\_\_\_\_