



CONTACT REPORTING FORM

YOUR NAME: _____ DATE: _____

I AM (check all applicable): **Local Officer** **Steward** **Member** **Local:** _____

<u>CONTACT INFO:</u>	<u>Member Type:</u>	Recommit	Member	Fee Payer
Name: _____	_____	_____	_____	_____
Home Phone: _____	_____	_____	_____	_____
Home Email: _____	_____	_____	_____	_____
Work Phone: _____	_____	_____	_____	_____
Work Email: _____	_____	_____	_____	_____
Cell Phone: _____	_____	_____	_____	_____
Language(s): _____	_____	_____	_____	_____

<u>JOB INFO:</u> <input type="checkbox"/> No Longer Employed, Reason (if known) _____ Eff Date _____
Local: _____ Dept/Div: _____
Employer: _____ Work Location: _____
EEID: _____ Job Title: _____ Unit: _____

NEW ASSESSMENTS:	Date: _____	Á	Org Init: _____	Á		
Á	1-Leader Signed MoM Card working to engage others	Á	2-Supporter Signed MoM CardÁ	Á	3-Uncecided Member – No MoM Card but there is a path to moving them	4-Anti-Union Refuses to sign/support the union
Actions:	<input type="checkbox"/> Potential Leader	<input type="checkbox"/> Visit Co-Workers	<input type="checkbox"/> Phone Bank	<input type="checkbox"/> Attend Mtgs		
	<input type="checkbox"/> Flyering	<input type="checkbox"/> Org Committee	<input type="checkbox"/> GOTV Pledge			
Notes:						
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FOLLOW-UP: Date for follow-up on assignment(s): _____

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Name of person following-up: _____

<input type="checkbox"/> Entered in UW
Init/Date _____