

**Campus Staff HR sends this form to the Chief Steward's Supervisor.**

Employee Last Name:		First Name:		Middle Name:
UMID:	Job Title:		Name of District Steward:	
Employee's Work Schedule:				

**STEP ONE - Problem Solving Meeting**

Meeting Date:		Employee's Supervisor:
Department:		

**STEP TWO SCHEDULING - Chief Steward is scheduled to attend a problem solving meeting of a potential grievance as indicated below:**

Chief Steward:		Date:	Time:
Location:		Requesting Department:	
Name of Department Head or Designated Representative:		Requesting Department Phone Number:	

**If for some reason the Chief Steward cannot attend this meeting, the Chief Steward will notify Staff Human Resources at (734) 647-0543.**

**CHIEF STEWARD - Sign and date below to indicate receiving this information.**

Chief Steward's Signature:	Date:
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**Copy to: Chief Steward &  
Chief Steward's Supervisor**