IUE-CWA WEBSITE/SOCAL MEDIA

INFORMATION

IUE-CWA Website
IUE-CWA Facebook Page
IUE-CWA Training Website

IUE-CWA WEBSITE

www.iue-cwa.org

The IUE-CWA website has information and materials for our members, Local officers and retired members.

Under "Member Resources," members will find information on their rights and benefits as a Union member, information about our Skilled Trades and Scholarship Programs, and a link to the ChemHat website.

Under "Local Resources," Local officers will find job descriptions and duties, document checklists, information about our Health and Safety program, Treasure Hunt and LEAN programs, and a link to our IUE Training site.

Under "Retiree Corner," retirees can access recent events and retiree news, join the Retired Member program, and use the contact form to communicate with us about events in their areas..

Under "News," members can access our Facebook Blog, old editions of "The Bolt," and current industry news.

IUE-CWA TRAINING SITE

www.iuetraining.org

On the IUE-CWA Training website, Local officers and members can take online training modules on a number of topics, from financial training to grievance handling.

Locals can use the training modules to supplement their Local steward training.

Certificates of Completion are available upon request.

SCA IUE-CWA WEBSITE

WWW.SCA-alliance.org.

The IUE-CWA SCA Website highlights our Alliance of Locals representing Service Contract Act employees around the country. Local members can access materials on the SCA Act and Executive Orders, and non-member SCA employees can access information on joining the alliance!

IUE-CWA FACEBOOK PAGE

https://www.facebook.com/pages/IUE-CWA/268469833253524?ref=hl

"Like" the IUE-CWA Facebook page from your personal or Local Facebook account and stay up on IUE-CWA events and Local, State, and National issues we are working on.

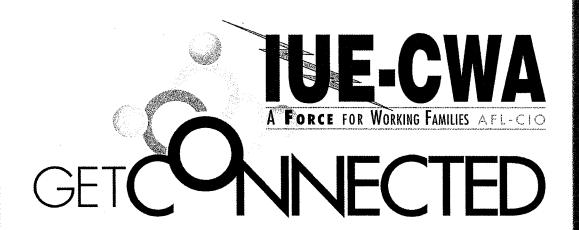
Our Facebook page is an important tool in our Coalition Building/Mobilization toolbox. Encourage Local members to "Like" our page!

Email Local events you would like us to highlight on our Facebook page to lhagan@iue-cwa.org

IUE-CWA TWITTER

Follow us on Twitter at @IUE_CWAUnion to keep up to the minute on recent events, news, and issues,





BOOKMARK the website: iue-cwa.org

on **facebook**.: IUE-CWA

No facebook? Go to: http://iue-cwa.org/news/iue-cwa-blog-page

FOLLOW on **twitter**: @IUE_CWAUNION Rapid Response Text Alerts: Text IUE to 69866

CWA

BOOKMARK the website: cwa-union.org

on facebook : CWAUnion

FOLLOW on twitter : @CWAUnion & @CWANews

sign-up:

CWA e-newsletter: cwa-union.org/pages/sign_up_for_email Monthly CWA tele-town halls: cwa-union.org/cwacall

FORMS

EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION OF UNION DUES AND INITIATION FEE FOR IUE, THE INDUSTRIAL DIVISION OF CWA

(Last Name)	(First Name)	(Dept.)	(Local No.)	(Social Security Number)
(Work Locality)	(City or Tow	n)	(State)	(Zip Code)
Beginning in (Month)	, (Year), I hereby authorize	(Emplo	yer)	to deduct from the compensation
duly constituted agent. If for any a This authorization is voluntarily numbership. This authorization is	Each amount so deducted shall reason the Company fails to make nade and is neither conditioned or hall continue in effect until cancer.	be remitted to the a deduction, I am my present or fulled by written no	e Secretary-Treasurer of uthorize the Company to ma uture membership in the Ur- tice signed by me and indi-	dues, both certified in writing to the Company by the the Communications Workers of America, or his/her ake such deduction in a subsequent payroll period. tion, nor is it to be considered as a quid pro quo for widually sent to the Company and to the Union. This
cancenation of authorization must	i de dosimarked during the tourie	en (14) day nen	and prior to each approprie	ary date of the Current or any subsequent Collective sequent Collective Bargaining Agreement.
		(Date)	(Signature of Employee Authorizing Deduction)
(tear at perf)	es subject to various restrictions i	mposed by the In	ons for Federal income tax ternal Revenue Code.	purposes. Dues and agency fees, however, may be
***************************************			APPLICATION	COMPANICOFI
NAME				NO
(Please Print)			SOCIAL SECURITY	NO
ADDRESS (Street)		(City and State)		(Zip Code)
I hereby request and accept memilunion and Amendments thereto a	bership in the IUE, The Industria nd Rules and Regulations now in	l Division of CW effect or subsequ	A and when accepted by the union	ne Local, agree to he bound by the Constitution of the and/or the Local to which I am assigned.
Date			Signature	
Local			Company Name	
Benefit Date		·	Work Location	
/oting Section			Department	
Initiation Fee \$.			Representative	
	AUTHORIZING SIG	NATURE		
Union membership dues and agen deductible in limited circumstance	ncy fees are not deductible as cha	ritable contribution	ons for Federal income tax ternal Revenue Code.	purposes. Dues and agency fees, however, may be
(tear at perf)				LOCAL COPY
	POLITICAI PAYR	L CONTRIBU OLL DEDUC	TIONS COMMITTE TION CARD for L DIVISION OF CW	
I hereby authorize my employer to America Committee on Political E	o deduct from my wages the sum ducation Political Contributions C	of \$ Committee (CWA-	each pay period and to re- COPE PCC).	emit such amount to the Communications Workers of
Company and that I may refuse to I am making a contribution to a jo Committee (AFL-CIO COPE PCC making of contributions to or exp Federal law requires us to use o contributions exceed \$200 in a cal federal income tax purposes.	and and the making of contribution of so without fear of reprisal, int fund-raising effort sponsored of and that CWA-COPE and AFL-enditures on behalf of candidates our best efforts to collect and results.	by CWA-COPE CIO COPE PCC for federal, state port the name, 1 to CWA-COPE 1	PCC and the AFL-CIO Co will use my contributions for and local offices and addre- nailing address, occupation PCC and AFL-CIO COPE P	membership in the union nor of employment with the mmittee on Political Education Political Contributions or political purposes, including but not limited to, the ssing political issues of public importance. In and the name of employer of individuals whose CC are not deductible as charitable contributions for Cancellation
(Employee Signature)	(Date)		(Print Name)
(Mailing Address)	(City)		(State/ZIP)
Name of Employer)		Occupation)		(Social Security Number)
LOCAL NUMBER	-	· · · · · · · · · · · · · · · · · · ·		-
		(Signature of Uni-	on Panracantativa Cartifyina 4	of Employee is Elicible to Bertinings

ture of Omon Representative Certifying that Employee is Engine to Participate)



SOURCE OF MEMBERSHIP

New Member	Received by Transfer	Reinstated		
	MEMBERSHIP TERMINATE	ED		
TRANSFER	Date			
Suspension	Date			
Withdrawal	Date			
Death	Date			
ASSOCIATE MEMBERSHIP				
	Effective Date			

IUE-CWA Yearly Local Audit Report

Local Union Number	Date
of the IUE-CWA Division Rules, Locals mu	of the CWA Constitution and Article VIII, Section B ust have an annual audit of the financial records of illable to the membership at least annually, and WA an annual financial statement.
This is to certify that Local	has had its books and records audited
by the Trustees of the Local for the fiscal	year ending
Please mark the appropriate box below:	
The books and records were found to be	in good order
A shortage or discrepancy appeared in th	ne records
If a shortage or discrepancy appeared, pl	ease explain:
(If you need more space, attach If the Local books were also audited by a audit report to this document before ma	a Certified Public Accountant, attach a copy of the
	Local President
Witnessed by:	Local Secretary-Treasurer
(Local Trus	tees)
Please send the original form to IUF-CWA	Headquarters at 2701 Dryden Rd. Dayton, OU

45439. Keep a copy for your records.

INTERNATIONAL UNION OF ELECTRONIC, ELECTRICAL, SALARIED, MACHINE AND FURNITURE WORKERS, AFL-CO 2701 Dryden Road Dayton, Ohio 45439



LOCAL UNION QUARTERLY AUDIT REPORT

Local Union No.	District Council No	Date
In accordance with Section	on B, Article XVI, of the IUE-CWA Internat	ional Constitution, this is to
certify that Local	has had its books and records audited	by the Trustees of the Local, for
the three month period e	nding	
The books and rec	ords were found to be in good order	()
A shortage appear	red in the records	()
NOTE: If a shortage app	peared please state the reasons.	
<u>•</u>		
Local Seal	Local President	
	Local Secretary	
Trustees		

Send original to the International and retain copy for Local records.



LOCAL EXPENSE VOUCHER

Communications Workers of America

Local #								No	
Name			•		Date				
Address	· ·				Or Un	Security employn	nent Ta	x #	
Items	Sun.	Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Total	For Use of Local Secy- Treas.
Transportation					<u> </u>				Internal Control
Hotel Room		† · · · · · · · · · · · · · · · · · · ·	-				-		
Meals									
Salary				<u> </u>					
Tel & Tel									
Miscellaneous									
Total					<u> </u>				7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Attach necessar This is to certify behalf of CWA	y that an			_		e incurred	d by me	on	
Signature			s	ignature_				Paid by	у
Ex	kpense Inc	curred By	_			roved By			, No

H-100

	LOS	TT	ME	VOU	CHER	Check	:# :	
Signature:				Date:_	Exemptions:	Office He	eld:	
Address:				SS#:		Earnings Per H	our: \$	
		Reg	О.Т.		Explanation of Lost	Timo	End M/II	m. 1.1
Date	Day	Hrs	Hrs		Explanation of Lost	. Time	Fed W/H	
	Mon	+====	1225		· · · · · · · · · · · · · · · · · · ·		Tx-Daily	Amount
	Tues	<u> </u>						
	Wed							
	Thurs	1			<u> </u>	· · · · · · · · · · · · · · · · · · ·	· ·	
	Fri							
	Sat							
	Sun				 			
Totals							L	
I Certify that	Lost Time	was ne	cessary	Amt	: FICA/Soc Sec:		Gross Tot	al·
on behalf of L					W.Tax:		Deduction	
					City Tax:			
Signature					State Tax:			
			_		Total		Net Total:	
				Amount	of Check:			

LOCAL	

IUE, INDUSTRIAL DIVISION OF THE COMMUNICATION WORKERS OF AMERICA, AFL-CIO

RECORD OF SIGNIFICANT FACTS

(Please Print)

Grievance No.		Appeal No	·
Date Filed			
Member's Name			
	(Last)	(First)	(Middle Initial)
Group Grievance - Yes () No ((Check One)		
Department No			
Seniority Date		_ Skilled Entry Dat	e
Classification		_ Job Code	
Base Hourly Wage \$			
		-	
	REFERENCE (Giv	e Paragraph Numbe	r)
National	Type Case		
Local	Type Case		
Unfair Action			
Date Grievance Settled		Ste	

THIS RECORD OF SIGNIFICANT FACTS AND THE INDIVIDUAL GRIEVANCE MUST PROMPTLY BE RETURNED TO THE UNION HALL UPON SETTLEMENT.

GRIEVANCE COMMITTEE FACT SHEET (FOR LOCAL UNION USE ONLY)

(This form to accompany First Step Grievance appealed to bargaining committee)

Have you shown the supervisor's disposition to the aggrieved? If not, pleas additional information.		
What other employees are affected (other than the grievant)?		
Name any witnesses		
(If possible, get individual signed statements from witnesses) What has the past practice been in regard to similar violations?	 	
Has a violation of this nature been called to the company's attention before?		
When? What action did the company then take?	 	- 1
Did the supervisor make any effort to settle this problem in the oral discussion?	 	
Did he/she make you an offer? Exactly what was supervisor willing to do?		
Which of the supervisor's statements are true?		
Which are false?		
What do you think a reasonable settlement would be?		
Any other suggestions or comments?		
NOTE TO CERTAIN II d. C.11	 	

NOTE TO STEWARD: Use the following pages to complete your written observations, comments, facts and results of your discussion with the grievant, management, arid interviews with other witnesses. REMEMBER, this grievance committee fact sheet is not to be shown to any member of management. It is the property of the union and should be kept with the union's records of this grievance. (List anything else that you think would be helpful, even if you use additional paper.) If this is a job posting case, list complete work records, including all classifications held and previous experience of both the aggrieved and the protested, on a separate sheet of paper, and attach. Also list any disciplinary record, if any.

GRIEVANCE COMMITTEE FACT SHEET

(FOR LOCAL UNION USE ONLY) G	rievance No Date
(THIS FACT SHEET MUST ACCOMPAN	NY ALL COMPLAINTS AND ALL WRITTEN GRIEVANCES
Employee's name	Clock No
	assification
Rate of pay \$ Per hour -	How long has employee been in classification?
Employee's supervisor	
General supervisor	
	Date grievance was filed
Has the employee had any disciplinary ac	tion on his/her record? Yes No
Who is involved in this grievance?	
hen did it happen ?	
Where did it occur?	
Why is this a grievance?	
What do we want?	
Supervisor's statement	
Your observation	
Semitted by	Dept Shift

UNION NOTE: These facts are basic requirements to the grievance procedure. Additional facts may be filled in on attached sheets.

REPRESENTATIVES STATEMENT OF FACTS -- STEP THREE

			(
Date of Meeting(s)			
			-
			
***			·· -
			
· · · · · · · · · · · · · · · · · · ·			
Use additional blank pages if necessary) Signed			
and the pages if hecessary) signed	(Representative)	Date	



GRIEVANCE FORM • Local_____ IUE-CWA

STER	Presented by:	
	To Mr	Foreman of Department
		<u></u>
		Employee's Signature
	Foreman's Answer:	Steward's Signature
	ACTION OF UNION: Appeal	Signature
	Settled	Employee's Signature
\bigcirc		Steward's Signature
	ACTION OF UNION: Appeal	Signature
	Settled	Employee's Signature
	Settled	Steward's Signature
STEP III:	COMPANY'S DISPOSITION:	Steward 5 Signature
	ACTION OF UNION: Appeal	Signature
	Settled	Employee's Signature
		Steward's Signature
STEP IV:	DISPOSITION:	
\bigcirc		
0	37	Signature Date Date



Journeyman's Card Application

	· · · v	Local Union N	0	Region No.	Date:	
APPLICANT: Complete items 1-14. Please Print o	Type)					
. Name:	_					
Name:Last		Middle			First	
. Address:			10			
			· · · · · · · · · · · · · · · · · · ·			
3. Social Security Number	4. Date of Birth			5. Company		
6. Present Occupation		7. Seniority		8. Department	9. Hourly Rate	
0. Male Female	11. White	Black	Hispanic	_ Other		
2. I hereby make application for a Journeyman Ca	ard in the following trade or o	occupation:				
z. Thereby make application for a ocumeyman of	and in the following hade of c	оочракоп.				
ourneyman Classification from IUE Skilled Trades	Program Booklet and D.O.1	Γ. Number				
3. Name of Employer	Address			Dates	Job Classification	
	Addiess			Duiss	OUD CIGSSIIICATION	
-					_	
/ERIFICATION(S) MUST BE ATTACHED FOR EA	CH EMPLOYER					
ETH TOTAL ON THE PERSON EN			14. Applicant's Si	gnature		
LOCAL: Complete items15-20)						
5. We have established that the applicant is a bo	na fide graduate apprentice	from:	OR We have	established that the applicant ha	s 6 years experience as a	
No. of Oa				Trade or Cla	onification	
Name of Company			Trade or Classification		ssnication	
Address City	State	Zip	as indica	ted in attached records.		
•		·		•		
6. Rejected for the following reason(s):		· · · · · · · · · · · · · · · · · · ·				
17. ACTION TAKEN BY LOCAL: ACCEPTED _	REJECTED		18. Date			
REGION: Complete items 21-26)	19.	. President		20. Skilled Trades Committee Chrm.		
, , ,			00 D :			
21. ACTION TAKEN BY REGION: ACCEPTED	REJECTED _		22. Date			
23. Rejected for the following reason(s):						
					·	
24. Secretary		25. Chairman			ard Number White: Region/Ve	

IUE - CWA Local Union Closing Checklist

The process of closing a local is complex. It requires the filing of various forms with the Federal Government and the CWA. The assets and liabilities of the local need to be accounted for, and ownership transferred to the IUE-CWA Division. Whereas the officers of each local have the primary responsibility for processing the closing of their local, it is the responsibility of the assigned staff representative to insure that the process is, indeed, completed. The following check list items are to be completed and returned to the IUE-CWA Division Headquarters by the staff representative assigned to the closed local. Copy also to be sent to Regional Director.

Local Union Number:	2) Date of Closing			
3) Company name:	2) Date of Closing: 4) Date of WARN notice:			
5) Reason for termination:	TO Date of WARN Holice:			
Active members prior to closing:	7) Staff rep:			
8) Officers responsible for closeout:	τη σιαπτέρ.			
9) Date forms filed (attach copies)	DOL - LM 2 3 or 4 (terminal):			
IRS - 990 (if applicable):	CWA - MLO 113 (charter recall):			
10) Employer tax filings (if applicable):	Condition (Condition (Condition)).			
IRS - 941:	State employer tax form:			
11) Bank Accounts: Name Acct #	Current Dalan			
	Date Account Closed			
12) Other property and disposition status:				
13) Total funds sent to the IUE-CWA:	\$Date_			
14) Disposition of records and files (where held):	Date			
Contracts:	Minutes:			
Bank Statements:	Other			
5) Checklist completed and submitted to IUE-CWA	Other:A Division Headquarters and Region:			
Signed:	Tarquantois and Negion:			
Signed:	Date			