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

<table>
<thead>
<tr>
<th>(Last Name)</th>
<th>(First Name)</th>
<th>(Dept.)</th>
<th>(Local No.)</th>
<th>(Social Security Number)</th>
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<th>(Work Locality)</th>
<th>(City or Town)</th>
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Beginning in ________, ________, I hereby authorize ________, ________, to deduct from the compensation due me once an amount equal to the initiation fee, and each month an amount equal to regular monthly Union dues, both certified in writing to the Company by the Secretary-Treasurer of the Local. Each amount so deducted shall be remitted to the Secretary-Treasurer of the Communications Workers of America, or his/her duly constituted agent. If for any reason the Company fails to make a deduction, I authorize the Company to make such deduction in a subsequent payroll period.

This authorization is voluntarily made and is neither conditioned on my present or future membership in the Union, nor is it to be considered as a quid pro quo for membership. This authorization shall continue in effect until canceled by written notice signed by me and individually sent to the Company and to the Union. This cancellation of authorization must be postmarked during the fourteen (14) day period prior to each anniversary date of the Current or any subsequent Collective Bargaining Agreement, or during the fourteen (14) day period prior to the termination of the current or any subsequent Collective Bargaining Agreement.

(Date)  (Signature of Employee Authorizing Deduction)

Union membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

MEMBERSHIP APPLICATION

NAME (Please Print)  SOCIAL SECURITY NO.

ADDRESS  (Street)  (City and State)  (Zip Code)

I hereby request and accept membership in the IUE, The Industrial Division of CWA, and when accepted by the Local, agree to be bound by the Constitution of the Union and Amendments thereto and Rules and Regulations now in effect or subsequently enacted by the Union and/or the Local to which I am assigned.

Date  Signature

Local  Company Name

Benefit Date  Work Location

/oting Section  Department

Initiation Fee $

 Hương SIGNEDURE

Union membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

POLITICAL CONTRIBUTIONS COMMITTEE

PAYROLL DEDUCTION CARD for IUE, THE INDUSTRIAL DIVISION OF CWA

I hereby authorize my employer to deduct from my wages the sum of ________ each pay period and to remit such amount to the Communications Workers of America Committee on Political Education Political Contributions Committee (CWA-COPE FCC).

This Authorization is voluntarily made based on my specific understanding that:
- The signing of this authorization card and the making of contributions to CWA-COPE FCC are not conditions of membership in the union nor of employment with the Company and that I may refuse to do so without fear of reprisal.
- I am making a contribution to a joint fund-raising effort sponsored by CWA-COPE FCC and the AFL-CIO Committee on Political Education Political Contributions Committee (AFL-CIO COPE FCC) and that CWA-COPE and AFL-CIO COPE FCC will use my contributions for political purposes, including but not limited to, the making of contributions to or expenditures on behalf of candidates for federal, state and local offices and addressing political issues of public importance.
- Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and the name of employer of individuals whose contributions exceed $200 in a calendar year. Contributions or gifts to CWA-COPE FCC and AFL-CIO COPE FCC are not deductible as charitable contributions for federal income tax purposes.

Check one: New Enrollment  Change of Amount  Cancellation

(Employee Signature)  (Date)  (Print Name)

(Mailing Address)  (City)  (State/ZIP)

(Name of Employer)  (Occupation)  (Social Security Number)

Localization Unit

(Signature of Union Representative Certifying that Employee is Eligible to Participate)
SOURCE OF MEMBERSHIP

New Member ____________________________ Received by Transfer ____________________________ Reinstated ____________________________

MEMBERSHIP TERMINATED

TRANSFER ____________________________ Date ____________________________

Suspension ____________________________ Date ____________________________

Withdrawal ____________________________ Date ____________________________

Death ____________________________ Date ____________________________

ASSOCIATE MEMBERSHIP

Effective Date ____________________________
IUE-CWA Yearly Local Audit Report

Local Union Number ________________ Date ________________

In accordance with Article VIII, Section 9 of the CWA Constitution and Article VIII, Section B of the IUE-CWA Division Rules, Locals must have an annual audit of the financial records of the Local, make financial statements available to the membership at least annually, and furnish the International CWA and IUE-CWA 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 the records ............................................................. [ ]

If a shortage or discrepancy appeared, please explain: ________________________________

________________________________________

________________________________________

________________________________________

(If you need more space, attach additional information)

If the Local books were also audited by a Certified Public Accountant, attach a copy of the audit report to this document before mailing.

Local President __________________________

Local Secretary-Treasurer ____________________

Witnessed by:

_____________________________ (Local Trustees)

_____________________________

_____________________________

Please send the original form to IUE-CWA Headquarters at 2701 Dryden Rd. Dayton, OH 45439. Keep a copy for your records.
LOCAL UNION QUARTERLY AUDIT REPORT

Local Union No. ___________    District Council No___________    Date___________

In accordance with Section B, Article XVI, of the IUE-CWA International 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 ending ____________________.

The books and records were found to be in good order

A shortage appeared in the records

NOTE: If a shortage appeared please state the reasons.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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 _____ Social Security
____ Or Unemployment Tax #_____
____ Exemptions ____

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Attach necessary receipts – Explain reason for expense:

_____

This is to certify that amounts shown on this statement were incurred by me on behalf of CWA.

Signature ___________________ Signature ___________________ Paid by ___________________

Expense Incurred By Approved By Check No._____

H-100
# LOST TIME VOUCHER

**Signature:**

**Date:**

**Exemptions:**

**Office Held:**

**SS#:**

**Earnings Per Hour:** $

<table>
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<tr>
<th>Date</th>
<th>Reg Day</th>
<th>O.T. Hrs</th>
<th>Explanation of Lost Time</th>
<th>Fed W/H</th>
<th>Total Tx-Daily</th>
<th>Amount</th>
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**Totals**

I Certify that Lost Time was necessary on behalf of Local _____ activities.

**Amt:**

FICA/Soc Sec:

W.Tax:

City Tax:

State Tax:

Total

**Gross Total:**

**Deductions:**

**Net Total:**

**Amount of Check:**

**Signature**
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 Date __________________________

Classification ____________________________ Job Code __________________________

Base Hourly Wage $ ______________________

REFERENCE (Give Paragraph Number)

National ____________________________ Type Case __________________________

Local ____________________________ Type Case __________________________

Unfair Action __________________________

Date Grievance Settled ____________________________ Step -1 ( ) 2 ( ) 3 ( ) 4 ( ) Settled (Check One)

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, please do and list 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? __________________________________________________________
_________________________________________________________________
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 STEWARD: Use the following pages to complete your written observations, comments, facts and results of your discussion with the grievant, management, and 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) Grievance No. ___________ Date ___________

(This fact sheet must accompany all complaints and all written grievances)

Employee's name ___________________________ Clock No. ___________

Seniority date ___________ Classification ___________

Rate of pay $ ___________ Per hour - How long has employee been in classification? ___________

Employee's supervisor ___________________________

General supervisor ___________________________

Date grievance arose ___________ Date grievance was filed ___________

Has the employee had any disciplinary action on his/her record? Yes ________ No ________

Who is involved in this grievance? ___________________________

When did it happen? ___________________________

Where did it occur? ___________________________

Why is this a grievance? ___________________________

What do we want? ___________________________

Supervisor's statement ___________________________

Your observation ___________________________

Submitted 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

(Record in similar context as previous steps including union and management proposals and any new contentions. Also include any precedent referred to.)

Date of Meeting(s) ___________________
Journeyman’s Card Application

Local Union No. Region No. Date: 

1. Name: ____________________________  Last  Middle  First

2. Address: ________________________________________________________________


10. Male   Female  11. White   Black   Hispanic   Other   

12. I hereby make application for a Journeyman Card in the following trade or occupation:

Journeyman Classification from IUE Skilled Trades Program Booklet and D.O.T. Number

13. Name of Employer   Address   Dates   Job Classification

14. Applicant’s Signature

VERIFICATION(S) MUST BE ATTACHED FOR EACH EMPLOYER

15. We have established that the applicant is a bona fide graduate apprentice from: OR We have established that the applicant has 6 years experience as a

16. Rejected for the following reason(s):

17. ACTION TAKEN BY LOCAL: ACCEPTED   REJECTED  18. Date

19. President

20. Skilled Trades Committee Chrm.

15. We have established that the applicant is a bona fide graduate apprentice from: OR We have established that the applicant has 6 years experience as a

21. ACTION TAKEN BY REGION: ACCEPTED   REJECTED  22. Date

23. Rejected for the following reason(s):

24. Secretary  25. Chairman  26. Issued Card Number
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 assure 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.

1) Local Union Number: ___________________________ 2) Date of Closing: ___________________________

3) Company name: ___________________________ 4) Date of WARN notice: ___________________________

5) Reason for termination: ___________________________

6) Active members prior to closing: ___________________________ 7) Staff rep: ___________________________

8) Officers responsible for closeout: ___________________________

9) Date forms filed (attach copies)
   IRS - 990 (if applicable): ___________________________
   DOL - LM 2, 3, or 4 (terminal): ___________________________
   CWA - MLO 113 (charter recall): ___________________________

10) Employer tax filings (if applicable):
    IRS - 941: ___________________________
    State employer tax form: ___________________________

11) Bank Accounts:
    Name  Acct #  Current Balance  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):
    Contracts: ___________________________  Minutes: ___________________________
    Bank Statements: ___________________________  Other: ___________________________

15) Checklist completed and submitted to IUE-CWA Division Headquarters and Region:
    Signed: ___________________________  Date ___________________________