

Steward Information Form

Name _____

Address _____

City, State, Zip _____

Social Security Number _____

Bargaining Unit _____

Place of Employment _____ Location _____

Job Title _____

Department _____ Shift _____

Work Phone (_____) _____

Cell Phone (_____) _____

Pager Number (_____) _____

Home Phone (_____) _____

Work e-mail address _____

Home e-mail address _____

JN:ls

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