## Information Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** | |  | |  |  | | | |
|  | | Last | |  | First | | | M.I. |
| Home Address: | | | | Work /Office location: | | | | |
| **Home Phone:\_\_\_\_\_\_\_\_** | | |  | Non- .edu Email: | | |  | |
| **Cell:** |  | | |  | | I give UUP permission to text message or leave a voicemail pertaining to union matters | | |  |

* **Communications will be sent to your non-.edu email only**
* **Are you a member? \_\_\_\_\_ YES \_\_\_\_\_\_No (You may sign a membership card at any time)**

**(online signup at uupinfo.org or obtain a card from Chapter Office)**

**Professionals: Type of Appointment:**

**Full Time / Part Time** **academic year / calendar year**

**college year**  **other**

**Current Performance Program in place? Yes** **No**  Permanent  Term

**Current Evaluation in place?** **Yes** **No**  Temp

**Effective dates of last program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Current Appmnt if not permanent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expires on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  | |
| Department |  | Your Local Title | | |  | Your State Budget Title | |
|  | | |  |  | | |
| Supervisor | | |  | Supervisors Title | | |

**Is this?(**Check all that apply) **If Yes to any, have you reported this to?**

1. An Environmental Health & Safety Issue?  Human Resources Date:\_\_\_\_\_\_\_Who?\_\_\_\_\_\_\_\_
2. An issue of Discrimination?  University Police
3. Work Place Violence or Harassment?

UUP Officer you are requesting to meet with?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Time Needed? 15min, 30min, 45min

## Briefly describe issue:

|  |
| --- |
|  |

## Internal Use ONLY

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE SUBMITTED: |  | | | Documents Received? | | YES | NO | Folder Created: | YES |  |
| Appointment Required? | YES | | NO | Submitted By: | |  | | | | |
| Assigned to: | |  | | | 1st Appointment  Date | | |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Document Check List** |  | Appointment Letter/s | Evaluations | Personnel Action Forms | Counseling Memos | Email / Written Communications |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ongoing Action Notes: | |  |  |  |
|  | | | | |
|  |  | | | |

|  |  |  |
| --- | --- | --- |
| Resolved? | YES | NO |

|  |  |  |
| --- | --- | --- |
| **Manner of Resolution:** | | |
| Informal |  |  |
| Grievance |  |  |
| IP |  |  |
| External Agency |  |  |
| Monitor Situation |  |  |

**Thank you for reaching out to the Plattsburgh Chapter Office of United University Professions with your questions and concerns.**

We look forward to meeting with you and resolving your inquiry.

To better assist you and make most of the appointment time, please ensure the following documents are received in the Chapter Office no later than 48 hours prior to scheduled meeting

Please submit documents by:

1) Dropping them off in Chapter Office

2) Scan and email using your private and NON-.EDU email address to

Vp4profpbg@gmail.com

**Document Check List**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **What is needed if you**  **have:** |  |  |  |  |
| **Issue is:** |  | **Discrimination** | **Health & Safety** | **Work Place Violence or Harassment** | **Promotion or Salary Increase** | **Other** |
|  |  | Counseling Memos | Counseling Memos | Counseling Memos | Counseling Memos |  |
|  |  | Performance  Programs    Evaluations | Performance  Programs    Evaluations | Performance  Programs    Evaluations | Performance  Programs    Evaluations |  |
|  |  | Email/Written Communications  and/or  Discipline-  Counseling memos | Email/Written Communications  and/or  Discipline-  Counseling memos | Email/Written Communications  and/or  Discipline-  Counseling memos | Email/Written Communications  and/or  Discipline-  Counseling memos |  |
|  |  | Personnel Action Forms | Personnel Action Forms | Personnel Action Forms | Personnel Action Forms |  |
|  |  | Appointment Letter/s | Appointment Letter/s | Appointment Letter/s | Appointment Letter/s |  |

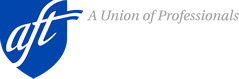
|  |
| --- |
| **Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UUP Representative(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for a Union representative to review my official personnel file. This permission expires 180 days from the above date.**  **Member Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Submission of this form is your request for Union representation.**

**Please note that all communications from the employer regarding this matter should be directed to the Chapter President as your Union representative. The Chapter President or his designee will act on your behalf in this matter.**





[](https://www.aft.org/)