



Communications Workers of America Local 6355, AFL-CIO

Missouri State Workers Union / Missouri Public Employees Union

1015 Locust St Ste 735 St. Louis, MO 63101

FAX 314-241-5472

Telephone: 1-800-575-6355 (toll free); 314-241-5499 (St Louis Area)

WORKPLACE REPRESENTATION REQUEST

INSTRUCTIONS: Local 6355 will to the best of its ability fairly represent workers who have elected CWA as their bargaining agent. Workers requesting workplace representation must fully and honestly complete this form and agree to follow the recommendations of their CWA representation contact for CWA to provide them with fair representation. Use additional pages if needed. Fax form to number above.

1) Provide your name, personal phone, work phone, home address, work location, job title, and the best time to reach you.

2) Fully describe any steps you have taken to address the problem for which you are requesting representation assistance. (E.g. Grievances; Complaint to the Equal Employment Opportunity Commission; informal meeting with local management, etc.)

3) Fully describe the problem that you would like a CWA representative to assist you with. What do you want a CWA representative to help you to do?

4) Read the following statement. When you have read it, sign this form and mail or fax it to CWA Local 6355 at the address/fax number listed above. A CWA representative will contact you within 72 hours of receipt of your request.

REPRESENTATION REQUEST STATEMENT: By signing this request, I am requesting CWA Local 6355 assign a workplace representative to help me with a problem at my job. I understand that CWA Local 6355 can decline to continue to assist me with this specific problem if I am unwilling or unable to meet with my assigned representative at a mutually convenient time or place, or if I decide to take a course of action different from that recommended by my assigned representative or if I fail to provide complete and honest information to my representative about the problem I am requesting assistance to address. I understand that the actions CWA may take on my behalf may be limited by timeframes, funds or available trained representatives. I understand that CWA practices a policy of non-discrimination.

Sign and print your name and date on the line above