

I.P.S. LOCAL UNION REPORT FORM

INDEPENDENT PARTS SUPPLIER

*EACH LOCAL UNION IS REQUESTED TO FILL OUT THIS REPORT AND BRING (3) COPIES TO THE UAW IPS CONFERENCE.

LOCAL: _____

ADDRESS: _____

CITY/ST./ZIP: _____

DELEGATES ATTENDING:

MEMBERSHIP

ACTIVE: ____ LAID OFF: ____ RETIRED: ____

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AVERAGE: <u>\$</u>

(PLEASE CHECK) COLA: YES 🗌 NO	SHIFT PREMIUM: YES NO
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COMPANY/FACILIT	<u>Y</u>	
NAME:	LOCATION: _	
SHIFTS:	OVERTIME:	HIRING:
TYPE OF WORK:		

NON-UNION DEPARTMENTS (PLEASE LIST THEM):

ARE THERE ANY SIMILAR LOCATIONS IN YOUR CITY THAT ARE NON-UNION? (PLEASE LIST THEM): _____

DO YOU HAVE WORK THAT TRANSFERS BETWEEN THE TWO WORKSITES? IF SO, PLEASE LIST.

DO YOU KNOW ANYONE IN THAT WORKSITE? IF SO, PLEASE LIST NAME, ADDRESS AND PHONE: _____

CAN YOU OBTAIN AN EMPLOYEE LIST FROM THAT LOCATION? (PLEASE CHECK): YES 🗌 NO 🗌

WHAT TYPE OF COMMUNITY INVOLVEMENT IS YOUR LOCAL/UNIT PARTICIPATING IN TO PROMOTE YOUR LOCAL/UNIT?

PLEASE REPORT ANY ISSUES TO THE COUNCIL THAT ARE TAKING PLACE IN
YOUR WORKPLACE. (PLEASE LIST):
PAYROLL PROBLEMS?

HEALTH CARE/INSURANCE ISSUES?

TUITION ASSISTANCE ISSUES?

GRIEVANCE/ARBITRATION ISSUES?

TERMINATION ISSUES?

ISSUES W/REPLACEMENT OF MEMBERS WHEN A POSITION IS VACATED?

CONTRA	CTUAL	ISSUES?
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PAST PRACTICES ISSUES? _____

ISSUES W/401K, RETIREMENT, WAGES, COLA, RAISES, SICK LEAVE OR FEDERAL LEAVE?

LOCAL UNION/OFFICERS/ FINANCE ISSUES? _____

ANY ADDITIONAL INFORMATION: _____